

<b>Case Number:</b>	CM13-0047539		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/14/2012
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and Emergency Medicine and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 25-year-old man who suffered a work-related injury on 06-14-2012. The diagnosis was lumbar displaced disc, lumbar degenerative disc disease. An MRI of the lumbar spine dated 08-14-2012 revealed disc protrusions at the L3-4, L4 -5 and L5 - S1 levels that were slightly effacing the right L4 and left S1 nerve roots. A lumbar facet medial branch block bilaterally at the L3-4, L4-5 and L5-S1 levels were completed on 07-18-2013. The patient reported temporary relief of approximately 50%; however, the pain returned. The patient had not worked since 06-15-2012, the day after the injury. An office note dated 09-12-2014 revealed that the low back pain was rated at a 5 to 6/10, and that there was no radiation of pain to either lower extremity. The patient had the benefit of 20 visits of chiropractic treatment, and 13 acupuncture treatments, which he stated he helped decrease his pain. He reported persistent low back muscle spasm. Medications included: Naproxen, Flexeril and Medrox patches. An examination noted pain with facet loading of the lumbar spine. Range of motion was limited in extension. Sensation was intact to the lower extremities. Strength was a 4+/5. A request was made for second medial branch bilateral blocks at the L3-4 and L4-5 levels. The procedure was to be done in order to see if the patient was a candidate for rhizotomy, and to continue a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**SECOND MEDIAL BRANCH BLOCK BILATERALLY AT L3-4 AND L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back, Facet Joint Diagnostic Blocks

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that facet-joint injections are not recommended. Also, "Invasive techniques (e.g. local injections and facet joint injections of cortisone and lidocaine) are of questionable merit." They further state: "Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery." The Official Disability Guidelines (ODG) states that facet joint medial branch blocks are recommended as a diagnostic tool prior to facet neurotomy. However, no more than one set of medial branch diagnostic blocks are recommended. Criteria for diagnostic blocks include: - One set of diagnostic medial branch blocks is required with a response of > 70%. - Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. - No more than facet joint levels are injected in one session (3 nerves). - IV sedation may negate the results of a diagnostic block and should only be given in cases of extreme anxiety. - Diagnostic blocks should not be performed in patients who have had a previous fusion at the planned injection level. In this case, the claimant has had a previous facet injection. Therapeutic injections are not recommended and only one diagnostic block is recommended. Therefore, there is no documentation in the record for the medical necessity of an additional medial branch block.