

<b>Case Number:</b>	CM13-0062962		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/20/2001
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Anesthesiology, has a subspecialty in Acupuncture & Pain Medicine and is licensed to practice in California. 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:

64 y/o male injured worker with date of injury 8/20/01 with related back pain. Per progress report dated 8/23/13, the injured worker complained of increased symptoms to the lumbar spine with associated numbness, throbbing, aching, burning, pressure and radiation into both lower extremities. Per physical exam, severe tenderness in the bilateral lower lumbar paraspinal muscles, moderately decreased lumbar extension, positive bilateral facet load and intact sensation were noted. MRI of the lumbar spine dated 4/30/13 revealed levoscoliosis, and multilevel lumbar degenerative disc disease. Treatment to date has included injections, radiofrequency ablation, physical therapy, and medication management. The date of UR decision was 11/25/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L2-3 and L3-4 bilateral medial branch blocks to lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Radiofrequency Neurotomy Under Study

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, facet joint diagnostic blocks (injections)

**Decision rationale:** Per the ODG guidelines, facet joint medial branch blocks (therapeutic injections) are not recommended except as a diagnostic tool. Minimal evidence for treatment. The ODG indicates that criteria for facet joint diagnostic blocks (injections) are as follows: 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a "sedative" during the procedure. 8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level.] The documentation submitted for review indicates that the injured worker has previously undergone bilateral L4-L5 and L5-S1 radiofrequency ablation on 9/30/13. Complete relief with previous branch blocks at different levels was documented per 8/16/13 note. The documentation contained no rationale for treatment at the requested levels. The request is not medically necessary.