

<b>Case Number:</b>	CM14-0000697		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	12/24/2010
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Physical Medicine and Rehabilitation 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:

The injured worker is a 50-year-old female who reported a fall from a stool on 12/24/2010. In a progress note of 11/20/2013, she reported increased pain over her lower back, which was mostly axial in nature, which limited both her mobility and activity tolerance. She was having difficulty performing activities which required bending or weight-bearing. She further reported having difficulty sleeping at night due to her pain. Her lumbar spine ranges of motion measured in degrees were flexion 30/60, extension 0/25, left lateral bending 20/25, and right lateral bending 20/25. An EMG of the upper and lower extremities performed on 06/27/2013 revealed acute L5 radiculopathy. An MRI of the lumbar spine on 02/18/2013 revealed a 2 to 3 mm intraforaminal disc protrusion at L3-4 with facet hypertrophy. There was some neural foraminal encroachment. There was moderate facet hypertrophy at L3-4, L4-5, and L5-S1 with a 2 mm disc bulge at L4-5, causing borderline central stenosis to the facet joint as well as ligamentum hypertrophy. Her medications at that time included Norco 10/325 mg, anaprox DS 550 mg, and prilosec 20 mg. Her diagnoses included lumbar degenerative disc disease with herniated nucleus pulposus and facet arthropathy, reactionary depression/anxiety and medication induced gastritis. In the treatment plan, she was noted to have had chronic myofascial pain of the posterior lumbar musculature which had failed to have been controlled by stretching exercises, physical therapy, nonsteroidal anti-inflammatory drugs, and/or muscle relaxants. It was further noted that she had received 4 trigger point injections with a report of pain relief greater than 50% and an increased range of motion. She had a straight leg raise test which was positive on the right side at 50 degrees and on the left at 0 degrees. She had bilaterally positive Kemp's test, Milgram's test, and Valsalva test. Her treatment plan included localized intense neurostimulation therapy, orthopedic surgical evaluation, pain management, chiropractic treatment, and acupuncture. There was no

documentation of the results of any of these therapeutic interventions. There was no request for authorization or rationale submitted with the documents.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **LUMBAR MEDIAL BRANCH NERVE BLOCKS AT L3, L4 AND L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Facet joint diagnostic blocks (injections).

**Decision rationale:** The request for lumbar medial branch nerve blocks at L3, L4, and L5 is not medically necessary. The CA MTUS ACOEM recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. Invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. 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 (MBB) offers no significant long term functional benefit, nor does it reduce the need for surgery. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG do not recommend facet medial branch blocks except as a diagnostic tool, stating that diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Minimal evidence is found for treatment. Among the suggested indicators of pain related to facet joint pathology are absence of radicular findings. Clearly, this worker has a diagnosis of lumbar spine herniated nucleus pulposus with radiculopathy to the right lower extremity. Generally, the guidelines require normal straight leg raising exam and this worker had a positive straight leg raising exam. The guidelines also recommend that there is no support in the literature for the routine use of imaging studies to diagnosis lumbar facet mediated pain. Additionally, she was being referred to an orthopedic surgeon for surgical evaluation for the lumbar spine. No results of that examination are included with the documentation. Also, there was no documentation of the results of any epidural steroid injections she might have had, nor of any chiropractic or acupuncture treatments. Therefore, this request for lumbar medial branch nerve blocks at L3, L4, and L5 is not medically necessary.