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| <b>Case Number:</b>   | CM14-0001407 |                              |            |
| <b>Date Assigned:</b> | 01/22/2014   | <b>Date of Injury:</b>       | 11/18/2008 |
| <b>Decision Date:</b> | 08/29/2014   | <b>UR Denial Date:</b>       | 12/20/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/03/2014 |

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 60-year-old female with a reported date of injury on 11/18/2008. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include chronic pain syndrome, failed back syndrome, lumbosacral spondylosis without myelopathy, radiculitis, and spinal stenosis without neurogenic claudication. Her previous treatments were noted to include surgery and medications. The progress note dated 12/12/2013 revealed the injured worker complained of back pain across the lumbar spine. The symptoms were described as aching and rated 7/10. The injured worker complained of radiating pain into both lower extremities and was reported to be severe to moderate. The physical examination to the lumbar spine revealed decreased range of motion, positive FABERE test, negative straight leg raise, and positive right facet loads. The neurological examination revealed that motor strength was rated 5/10, sensation was intact to light touch, and deep tendon reflexes were intact. The Request for Authorization form was not submitted within the medical records. The request was for a medial branch nerve block bilaterally from L2-3, L3-4, and L5-S1. However, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDIAL BRANCH NERVE BLOCK BILATERAL L2-3, L3-4, L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**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 medial branch blocks.

**Decision rationale:** The request for a medial branch nerve block bilateral L2-3, L3-4, L5-S1 is not medically necessary. The injured worker has had a previous fusion at L4-5. The Official Disability Guidelines recommend no more than 1 set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The technique for medial branch blocks in the lumbar region requires a block of 2 medial branch nerves. Guideline criteria for the use of diagnostic blocks for facet mediated pain is the clinical presentation should be consistent with facet joint pain, signs, and symptoms such as tenderness to palpation in the paravertebral area over the facet region, normal sensory examination, absence of radicular findings, and a normal straight leg raise exam. The guidelines state 1 set of diagnostic medial branch blocks is required with a response of greater than 70%. The pain response should last at least 2 hours for Lidocaine. The guidelines state medial branch blocks are limited to patients with low-back pain that is non-radicular and at no more than 2 levels bilaterally. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4 to 6 weeks. No more than 2 facet joint levels are injected in one session. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. The guidelines recommend no more than 2 facet joint levels injected in 1 session, and they should not be performed in patients who have had a previous fusion procedure at the planned injection level. The injured worker had a fusion at the L4-5 level. There is a lack of documentation of failure of conservative treatment. Additionally, the request for 3 levels of a medial branch nerve block exceeds guideline recommendations of 2 facet joint levels. Therefore, the request is not medically necessary.