

<b>Case Number:</b>	CM14-0002085		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	09/24/2007
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 and 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 54-year-old female with a reported date of injury on September 24, 2007. The mechanism of injury was a motor vehicle accident in which she was hit by an 18-wheeler. The injured worker last received a left lumbar radiofrequency on March 17, 2013, which resulted in decreased pain from a 7/10 to a 2/10, and improvement in her sleep as well as decreased medication use. The progress report dated January 22, 2014 reported improved range of motion to the lumbar spine, bilateral negative straight leg raise, and deep tendon reflexes bilaterally equal and within normal limits. The progress note listed her medications as OxyContin, Norco, ibuprofen, ThermaCare heat wraps and Soma. The diagnoses listed on the progress note are right cervical pain and left lumbar facet pain, both improved post radiofrequency; and rule out right-sided lumbar facet-mediated pain. The progress note rated the injured worker's pain at 3.5/10. The progress note dated December 17, 2013 reported a completed left lumbar radiofrequency on December 05, 2013. The injured worker reported pain rated 5/10 without medications and which was reduced to 2/10 with medications. The Request for Authorization form was not submitted with the medical records. The request is for a right medial branch block at L4-5 and a right lumbar medial branch block at L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT MEDIAL BRANCH BLOCK AT L4-5 QTY 1.00:** 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 Pain

**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

**Decision rationale:** The request for a right medial branch block at L4-5 is not medically necessary. The injured worker has received previous radiofrequency ablation to the lumbar region. The Official Disability Guidelines recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy if neurotomy is chosen as an option for treatment. The guidelines limited the use of medial branch blocks to patients who have low back pain that is nonradicular and at no more than two levels bilaterally. According to the guidelines there must be documentation of failure of conservative treatment, including home exercises, physical therapy and NSAIDs prior to the procedure for at least 4 to 6 weeks. The guidelines recommend no more than two facet joint levels should be injected in one session. There is lack of documentation regarding past conservative treatment attempted. There is a lack of documentation indicating the injured worker has significant findings upon physical exam demonstrating facetogenic pain to the requested levels. Additionally, it was unclear at what levels the previous radiofrequency ablation was performed in 2013. Therefore, the request is not medically necessary.

**RIGHT LUMBAR MEDIAL BRANCH BLOCKS AT L5-S1 QTY 1.00:** 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 Pain.

**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

**Decision rationale:** The request for right lumbar medial branch blocks at L5-S1 is not medically necessary. The injured worker has received previous radiofrequency ablation to the lumbar region. The Official Disability Guidelines recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy if neurotomy is chosen as an option for treatment. The guidelines limited the use of medial branch blocks to patients who have low back pain that is nonradicular and at no more than two levels bilaterally. According to the guidelines there must be documentation of failure of conservative treatment, including home exercises, physical therapy and NSAIDs prior to the procedure for at least 4 to 6 weeks. The guidelines recommend no more than 2 facet joint levels should be injected in one session. There is lack of documentation regarding past conservative treatment attempted. There is a lack of documentation indicating the injured worker has significant findings upon physical exam demonstrating facetogenic pain to the requested levels. Additionally, it was unclear at what

levels the previous radiofrequency ablation was performed in 2013. Therefore, the request is is not medically necessary.

**TRANSPORTATION TO SURGERY CENTER FOR (MBB) PROCEDURE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.