

<b>Case Number:</b>	CM14-0002501		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	05/06/2008
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	12/10/2013
<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 Physical Medicine & Rehabilitation, Pain Management and is licensed to practice in Texas. 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 28-year-old male who reported injury on 05/06/2008. The mechanism of injury was lifting a heavy garbage bag and the injured worker twisted his back to throw the trash bag away and felt an onset of low back pain. The documentation of 10/25/2013 revealed the injured worker has low back pain. A physical examination revealed left ankle motor strength and dorsiflexion of 4/5 and 1st toe extensor strength of 4/5. The sensation was diminished at the left L5-S1 dermatome, with sensation diminished mainly in the left foot. There was tenderness to palpation of the back bilaterally at L4-5, left greater than right. The diagnoses included musculoligamentous sprain/strain of the lumbar spine and lumbar disc displacement without myelopathy as well as lumbar stenosis. The treatment plan included a procedure that was performed at L3, L4, and L5 and a lumbar facet joint medial branch nerve block. The future treatment plan was for a psychologist evaluation and a left lumbar facet joint medial branch nerve block at L3, L4, and L5 to monitor the claimant's response to the prior treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT LUMBAR FACET JOINT MEDIAL BRANCH NERVE BLOCK AT L3, L4 AND L5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet Joint Diagnostic Blocks (Injections).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION (2004), 12, 300

**Decision rationale:** MTUS/ACOEM Guidelines indicate that radiofrequency neurotomy for the treatment of select patients with low back pain is recommended as there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As there was a lack of criteria for the use of neurotomies, secondary guidelines were sought. The Official Disability Guidelines indicate radiofrequency neurotomies are under study. However the criteria for the use of diagnostic blocks if requested indicates that the patient should have facet-mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. One set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally. The clinical documentation submitted for review indicated the injured worker had radicular findings and had an abnormal sensory examination. There was lack of documentation of a straight leg raise examination results. The clinical documentation failed to indicate whether the request was the original medial branch nerve block or a subsequent request of 10/25/2013. The injection should be limited to no more than 2 levels bilaterally. Given the above, and the lack of documentation, the request for a left lumbar facet joint medial branch nerve block at L3, L4, and L5 is not medically necessary and appropriate.