

<b>Case Number:</b>	CM14-0004419		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	11/13/2007
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Management, 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 patient is a 57-year-old who has submitted a claim for chronic L5 radiculopathy left, lumbar spondylosis without myelopathy, lumbar facet pain at L4, L5 and S1 bilaterally, axial low back pain, and chronic pain syndrome associated with an industrial injury date of November 13, 2007. Medical records from 2012-2014 were reviewed showing the patient having chronic low back pain characterized as sharp and stabbing grade 8/10. This pain radiates to the left foot and was aggravated by sitting, standing, walking on short distances and bending forward. Physical examination showed referred pain on facet loading maneuvers in prone and standing position over L4, L5 and S1. There was positive Gaenslen's test, left greater than the right. There was decreased sensation in the medial thigh bilaterally. MRI of the lumbar spine dated November 5, 2008 revealed minimal scoliosis, with major convexity toward the left, Modic type II degenerative end plate changes and anterior osteophytes are especially evident at L5-S1. At L3-L4 level a shallow disc bulge was present with marginal osteophytes and facet arthropathy. Subtle grade I anterolisthesis was noted; mild encroachment upon the right neural foramina. At L4-L5 there was another disc bulge with shallow anterolisthesis and bilateral facet arthropathy. Again mild narrowing of the neural foramen is observed. At L5-S1 there was another disc bulge which mildly indents the thecal sacs. Marginal osteophytes and facet arthropathy mildly encroach upon the left neural foramen. Official report of the imaging study was not available. Treatment to date has included opioid and non-opioid medications, physical therapy, chiropractic therapy, and lumbar medial branch blocks. Utilization review dated January 6, 2014 denied the request for bilateral L4 and L5 medial branch blocks because guidelines state that if steroid injections are successful, the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **BILATERAL L4 & L5 MEDIAL BRANCH BLOCKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 12- LOW BACK COMPLAINTS, 300

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, facet injections for non-radicular facet mediated pain is guideline recommended. In addition, the Official Disability Guidelines state that medial branch blocks are not recommended except as a diagnostic tool and there is minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include one set of diagnostic medial branch blocks with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; and there is documentation of failure of conservative treatment prior to the procedure for at least four to six weeks. In this case, patient had acute exacerbation of low back pain based on a progress report dated December 13, 2013. The patient previously underwent lumbar medial branch blocks on June 2012 and January 2013. The documented rationale for the request was because the last set of injections done in January 2013 gave him three months of pain relief, up to 50%, and improved his functionality by 50% as well. However, guidelines state that the treatment response should be greater than or equal to 70%. In addition, the patient was assessed with chronic radiculopathy, an exclusion criterion for medial branch blocks. The guideline criteria have not been met. The request for bilateral L4 & L5 medical branch blocks is not medically necessary or appropriate.