MAXIMUS Federal Services

| Case Number: | CM14-0005827 | | |
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| Date Assigned: | 02/05/2014 | Date of Injury: | 07/20/1998 |
| Decision Date: | 06/20/2014 | UR Denial Date: | 01/03/2014 |
| Priority: | Standard | Application Received: | 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 Physical Medicine and Rehabilitation, 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:

This patient is a 69-year-old male with date of injury of July 20, 1998. Per treating physician's report on December 24, 2013, the patient presents with longstanding history of lumbar symptoms along with chronic pain in the cervical spine, knee, and multiple body parts. The patient's back pain has flared up considerably the past several months. The patient has had radiofrequency ablation in the past with excellent improvement of axial back pain for over 6 months. Diagnostic injection is to confirm the location of pain with the plan to repeat radiofrequency ablation. This is yet to be authorized. Pain is described as deep, achy, intermittent stabbing pain, currently at 7/10. The examination showed tender to palpation over the lumbar paraspinous muscles and facets bilaterally, with decreased range of motion in all plane. The listed diagnoses impressions are lumbar facet spondylosis, chronic low back pain, history of lumbar surgery, lumbar degenerative disk disease, intermittent neck pain, cervical degenerative disk disease, muscle spasm and myalgia, history of brain bleed, cardiac stents, depression, post-chronic stress disorder, and history of cardiac events. Treatment plan was to continue medications including Celebrex, clonazepam, Soma, gabapentin, Cymbalta. Recommendation was also to pursue the medial branch block injections and repeat RF ablation. Progress report on June 4, 2013 indicates that the patient's back pain is at 2/10 which increases with excessive activity and the patient continues to maintain a moderate level of activity without significant pain and enjoys limited recreational activities. Report on March 5, 2013 has pain at 2/10, able to golf approximately 2 times per month and the patient has had multiple procedures for his low back with previous pain management provider including facet injections and radiofrequency ablation. Report on September 5, 2013 has pain level at 3/10, constant mild ache, occasional spasms, and the patient was recovering well from his right knee arthroscopy, low back tolerable with medications. Report on November 26, 2013 has low back pain level at 5/10 and is requesting treatment to

address the facets and feels rhizotomy has worn off. His last rhizotomy was done over a year ago. Request was denied by utilization review letter January 3, 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL L3,L4 AND L5 MEDIAL BRANCH BLOCK:** Upheld

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

**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) , , 300-301

**Decision rationale:** This patient presents with chronic low back pain, which is longstanding. The patient has had multiple procedures in the past and the current request is for bilateral L3, L4, and L5 medial branch blocks. Review of the multiple reports from 2013 shows that the patient was doing quite well through March 5, June 4, and September 5, 2013 with pain level range from 2/10 to 3/10, able to tolerate activities and enjoying some recreational activities such as golf. However by November 26, 2013, the patient's pain has increased to 5/10. By December 24, 2013, pain is increased to 7/10. Report on November 26, 2013 indicates that the patient had radiofrequency ablation just a little over a year ago and the treatment, in fact, has been wearing off. While Low Back Complaints Chapter of the ACOEM Practice Guidelines does not discuss radiofrequency ablation, both those ACOEM Guidelines and ODG Guidelines allow for radiofrequency ablation for proper diagnosis of facet joint syndrome. The current request, however, is for repeat medial branch diagnostic blocks which does not appear necessary. ODG Guidelines does not discuss repeating dorsal medial branch diagnostic blocks following a successful RF ablation. It simply talks about repeating RF ablation if the treatment was indeed successful with symptom reduction and functional gains lasting at least 3 months' duration. In this case, the treating physician clearly documents functional improvement, increased activity, increased leisure activities, and pain reduction via visual analog scale down to 2/10 following radiofrequency ablation that lasted for about a year. It would be quite reasonable to simply repeat the radiofrequency ablation that was previously done. However, the request is for repeat diagnostic dorsal medial branch block, which is not supported by ODG Guidelines. The request for bilateral L3, L4, and L5 medial branch block is not medically necessary or appropriate.