

<b>Case Number:</b>	CM14-0008508		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/29/1986
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 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 injured worker is a 68 year old male who reported an injury on 05/29/1986 secondary to an unknown mechanism of injury. He underwent 3 unspecified back surgeries between 1995 and 1996 according to the documentation submitted for review. He has been treated with physical therapy, a home exercise program, and medications. He was also treated with an epidural steroid injection at L4-5 and L5-S1 on 02/25/2013. At a followup visit on 04/01/2013, the injured worker reported 70% pain relief with the epidural steroid injection and that his right lower extremity pain was completely relieved. According to the most recent clinical note on 01/06/2014, the injured worker reported 8/10 low back pain radiating to the right leg with numbness. On physical examination, he was noted to have moderate tenderness to palpation over the left lower lumbar paraspinal muscles and right lower lumbar paraspinal muscles. He was also noted to have positive facet loading bilaterally. He was diagnosed with back pain, lumbar degenerative disc disease, and radiculitis. His medications were noted to include Norco. The injured worker was recommended for a refill of Norco and a medial branch nerve block of the L3, L4, and L5 nerves. The documentation submitted for review failed to provide a request for authorization form.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL MEDIAL BRANCH NERVE BLOCK FOR L3-L4, L4-L5, L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, FACET INJECTIONS/MBB.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint diagnostic blocks (injections).

**Decision rationale:** The ACOEM Guidelines state that facet injections are of questionable merit. More specifically, the Official Disability Guidelines outlined criteria for the use of diagnostic blocks for facet medicated pain. These guidelines state that medial branch blocks should be limited to injured workers with low back pain that is non-radicular. According to the most recent clinical note, the injured worker reported low back pain radiating down to the right leg with numbness. The injured worker was diagnosed with radiculitis. The subjective reports and diagnoses are suggestive of radicular pain, and the physical exam findings indicate that the injured worker was not assessed for objective signs of radiculopathy. The evidence based guidelines do not support medial branch blocks for injured workers with this pain presentation. Furthermore, the guidelines state that there should be no more than 2 facet joint levels injected in 1 session. The request as written is for bilateral medial branch nerve block for L3-4, L4-5, and L5-S1. The evidence based guidelines do not supported medial branch blocks for 3 levels bilaterally. Additionally, the guidelines state that diagnostic facet blocks should not be performed in injured workers who have had a previous fusion procedure at the planned injection level. The injured worker underwent three back surgeries between 1995 and 1996. The medical records submitted for review fail to specify if these were fusions, and at which levels the surgeries were performed. Therefore, it cannot be determined that the injured worker has not had a previous fusion at the planned injection levels. Based on subjective reports of radicular pain, an absence of non-radicular findings and guideline recommendations for blocks at only 2 levels, a medial branch nerve block at L3-4, L4-5, and L5-S1 is not warranted at this time. As such, the request is not medically necessary and appropriate.