

<b>Case Number:</b>	CM14-0102231		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/28/2003
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 General Surgery and is licensed to practice in Tennessee. 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 35 year old male who was injured on January 28, 2013. The diagnoses are listed as lumbosacral spondylosis without myelopathy, post laminectomy syndrome of lumbar region, other genetic screening, thoracic or lumbosacral neuritis or radiculitis unspecified. The most recent progress note dated 7/30/14 reveals complaints of low back pain remains elevated exacerbated by activity such as bending down to put his shoes on and getting dressed and limited around the house. It was reported that pain medication helps take the edge off and allows him to participate in simple chores, pain is rated a 7 out of 10 on visual analog scales (VAS) which has remained unchanged since last visit. The injured worker is under no form of therapy currently. Physical examination reveals slowed gait, lumbar spine upon palpation has bilateral tenderness, tight muscle bands and trigger points in the lumbar back with painful extension (twitch response was obtained along with radiating pain on palpation), paravertebral muscles L2 and L3 spinous process tenderness, bending, and rotary movements with positive lumbar facet loading on both sides (but the levels are not indicated), on range of motion exam he has extension with pain, right lateral bending with pain, left lateral bending with pain. Lumbar facet loading is positive on both sides. Physical therapy twice a week for four weeks and lumbar facet joint injections bilaterally at L4 to L5 and 5 to S1 was recommended at this visit. Current medications include OxyContin 80 milligrams one tablet three times a day, Oxycodone hydrochloride 10 milligrams two tablets every four to six hours, Atenolol 25 milligrams one tablet a day, Xanax 2 milligrams take one to two tablets a day. Prior treatment includes medications, physical therapy, lumbar facet joint injection L3 to L4 (only helped for three days), lumbar fusion L4 to L5 and L5 to S1. A prior utilization review determination dated 6/24/14 resulted in denial of injection bilateral lumbar medial branch block under fluoroscopy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Bilateral Lumbar Medial Branch Block under Fluoroscopy: 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 Chapter, Facet Diagnostic Blocks

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet Joint Medial Branch Block (Therapeutic Injections)

**Decision rationale:** The requesting physician notes indicate the purpose of the medial branch block to be for relief of pain. According to Official Disability Guidelines (ODG) guidelines facet joint medial Branch block is not indicated as a therapeutic modality. Instead, it is to be used in a diagnostic manner with plans for definitive treatment e.g. radiofrequency ablation if benefits are obtained from the block. Furthermore, the notes indicate the patient has a diagnosis of failed back surgery syndrome, American College of Occupational and Environmental Medicine ACOEM guidelines also stress the utilization of appropriate diagnostic tests to identify obvious pain generators that may be linked to the chronic pain. If identified and functional improvement and/or pain relief can be anticipated, consider appropriate interventional procedures to ameliorate pain and dysfunction after completion of usual postoperative rehabilitation. This request is deemed not medically necessary.