

<b>Case Number:</b>	CM14-0102779		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/22/2003
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Occupational and Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in Ohio and West Virginia. 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 individual is a 70 year old female with a 11-22-03 date of industrial injury. She was diagnosed with lumbosacral spine strain and degenerative disc disease of the lumbar spine. A lumbar MRI dated 10-22-09 confirmed multilevel disc disease and joint disease of the lumbar spine and mild scoliosis and spondylosis and disc osteophyte complex lateral on the left at L4-5 resulting in left-sided neural foraminal narrowing. Medical records also state that the individual has degenerative arthritis and morbid obesity. Individual complains of constant sharp burning low back pain rated 8/10, with medication (subjective). Tenderness to palpation, paraspinal muscle spasms bilaterally, and decreased range of motion (objective). This individual has undergone prior medial branch blocks with subsequent radiofrequency ablation procedures. Individual had undergone radiofrequency ablation on the right 5-09 and on the left 2-11. She had radiofrequency ablation on the right L3, L4, and L5-S1 levels on January 4, 2012, and again on the right L4, L5 May 15, 2013. She was charted to have gained 75% improvement in symptoms from the January 2012 ablation, which is a positive response. This is a request for a right lumbar medial branch block L3,L4, and L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Medial Branch Block (LMBB) Right Lumbar 3, Lumbar 4, Lumbar 5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Diagnostic Facet Joint Injections Official Disability Guidelines (ODG): Radiofrequency Neurotomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar and Thoracic (Acute and Chronic), Facet joint intra-articular injections (therapeutic blocks) Other Medical Treatment Guideline or Medical Evidence: Up to Date, Subacute and chronic low back pain: Nonsurgical interventional treatment.

**Decision rationale:** The MTUS does not discuss medial branch diagnostic blocks. The ACOEM does not recommend Diagnostic Blocks. Up to Date states "Facet joint injection and medial branch block -- Glucocorticoid injections into the facet joint have not been shown to be effective in the treatment of low back pain. A 2009 American Pain Society guideline recommends against their use. The ODG recommends Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. In her most recent visit, her physician noted that the individual does have lumbar radiculopathy. He stated that the procedure was not being used to treat those symptoms but rather to rule out that her back pain is not referred pain. Given the history of previous medial branch blocks and subsequent successful radiofrequency ablation procedure with positive responses, it is unnecessary to repeat at this time. Secondly, ODG states that the individual should be without any diagnosis of radiculopathy, which is not the case with this individual. As such, the request for Lumbar Medial Branch Block (LMBB) Right Lumbar 3, Lumbar 4, Lumbar 5 is deemed not medically necessary.