

<b>Case Number:</b>	CM14-0105076		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/03/2008
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 and is licensed to practice in Texas and Oklahoma. 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 61-year-old male who reported an injury on 11/03/2008. The mechanism of injury was not provided within the documentation submitted for review. The injured workers' diagnoses were noted to be post laminectomy syndrome, lumbar; long term medication use; lumbar disc displacement without myelopathy and therapeutic drug monitor. Prior treatments were noted to be physical therapy and medications. He had diagnostic testing including an MRI of the lumbar spine, CT of the lumbar spine and electrodiagnostics. He had a prior surgical history including status post lumbar fusion, L4-5, on 07/07/2013. The injured worker's subjective complaints were noted on an evaluation dated 05/15/2014. He complained of severe back pain and leg pain. The objective physical examination findings were noted to be lumbar spine had decreased sensation in the dermatomes, left L4. Straight leg raise was positive on the left and right. Spasm and guarding was noted throughout the lumbar spine. Medications were noted to be trazodone, doxepin, ketamine, Norco, gabapentin and cyclobenzaprine. The treatment plan was to refill medications and follow-up in 4 weeks. The provider's rationale for the request was not within the documentation submitted for review. The Request for Authorization form was not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral lumbar facet nerve block, MBB L3-L4 with fluoroscopic guidance and IV sedation.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

**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, Facet Joint Diagnostic Blocks.

**Decision rationale:** The request for bilateral lumbar facet nerve block, MBB L3-L4 with fluoroscopic guidance and IV sedation is not medically necessary. The California MTUS Guidelines and American College of Occupational and Environmental Medicine state facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines indicate diagnostic blocks may be performed with the anticipation that, if successful, treatment may proceed to a facet neurotomy at the diagnosed levels. The guidelines also indicate criteria for use of diagnostic blocks. The clinical evaluation should include facet joint pain, signs and symptoms over the joint levels requested. Diagnostic blocks are limited to patients with low back pain that is nonradicular and at no more than 2 joint levels bilaterally. There must be documentation of failure of conservative treatment including home exercise, physical therapy and NSAIDs prior to the procedure for at least 4 to 6 weeks. There can be no more than 2 facet joint levels injected in 1 session. Diagnostic facet blocks should only be performed in patients in whom a surgical procedure is anticipated. Diagnostic facet blocks should not be performed on patients who have had previous fusion procedure at the planned injection level. The injured worker's clinical evaluation fails to indicate pain related to joint pathology. In addition, it is noted that there was decreased sensation over left L4, radicular findings of straight leg raise bilaterally, positive, and documentation also did not indicate a plan for rhizotomy post procedure. Therefore, the request for bilateral lumbar facet nerve block, MBB L3-L4 with fluoroscopic guidance and IV sedation is not medically necessary.

**Bilateral lumbar facet nerve block, MBB L5-S1 with fluoroscopic guidance and IV sedation.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

**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, Facet Joint Diagnostic Blocks.

**Decision rationale:** The request for bilateral lumbar facet nerve block, MBB L5-S1 with fluoroscopic guidance and IV sedation is not medically necessary. The California MTUS Guidelines and American College of Occupational and Environmental Medicine state facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines indicate diagnostic blocks may be performed with the anticipation that, if successful, treatment

may proceed to a facet neurotomy at the diagnosed levels. The guidelines also indicate criteria for use of diagnostic blocks. The clinical evaluation should include facet joint pain, signs and symptoms over the joint levels requested. Diagnostic blocks are limited to patients with low back pain that is nonradicular and at no more than 2 joint levels bilaterally. There must be documentation of failure of conservative treatment including home exercise, physical therapy and NSAIDs prior to the procedure for at least 4 to 6 weeks. There can be no more than 2 facet joint levels injected in 1 session. Diagnostic facet blocks should only be performed in patients in whom a surgical procedure is anticipated. Diagnostic facet blocks should not be performed on patients who have had previous fusion procedure at the planned injection level. The injured worker's clinical evaluation fails to indicate pain related to joint pathology. In addition, it is noted that there was decreased sensation over left L4, radicular findings of straight leg raise bilaterally, positive, and documentation also did not indicate a plan for rhizotomy post procedure. Therefore, the request for bilateral lumbar facet nerve block, MBB L5-S1 with fluoroscopic guidance and IV sedation is not medically necessary.