

<b>Case Number:</b>	CM14-0012082		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	02/17/2012
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 Medicine 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 patient is a 35-year-old male who has submitted a claim for Bilateral Lumbar Radiculopathy, L4-5 Disc Displacement, and L3-S1 Facet Arthropathy, associated with an industrial injury date of February 17, 2012. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of centralized low back pain, rated 7/10, radiating down the bilateral lower extremities in an S1 dermatome distribution. He previously complained of flank pain, which was resolved after diagnostic facet blocks. On physical examination, the patient had normal gait. No gross deformity of the lumbar spine was appreciated. There was tenderness of the lumbar paravertebral muscles and across the upper buttocks bilaterally. Sensation was decreased over the L3, L4, L5, and S1 dermatome distribution. Vascular examination of the lower extremities was unremarkable. Flexion and extension range of motion of the lumbar spine was decreased. Reflexes were 1+ on both knees and on the right ankle but were absent on the left ankle. No motor deficits were noted. Straight leg raise test was positive on the left. Facet loading test was also positive. Lumbar spine x-rays dated August 27, 2013 showed well-maintained disc heights throughout the lumbar spine; no stability and no fracture; and endplate irregularity of the L3, L4, and L5. MRI of the lumbar spine dated September 17, 2013 revealed lumbar spondylosis at L4-5 and L5-S1 discs, posterior disc protrusion at L4-5, and posterior osteophyte disc complex at L5-S1. Treatment to date has included medications, physical therapy, acupuncture, lumbar epidural steroid injection, and lumbar facet blocks under fluoroscopic guidance at L4-5 and L5-S1 bilaterally (February 7, 2014). Utilization review from January 10, 2014 modified the request for L4-5 lumbar medial branch block/facet block (w/ radiofrequency if diagnostic) to medial branch blocks at L4-5 without radiofrequency ablation; and L5-S1 lumbar medial branch block/facet block (w/ radiofrequency if diagnostic) to medial branch blocks at L5-S1 without radiofrequency ablation

because it was premature to consider a radiofrequency procedure pending the outcome of the blocks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **L4-L5 Lumbar Medial Branch Block (MBB) Facet Block (With Radio Frequency If Diagnostic): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Facet Joint Medial Branch Blocks (Therapeutic Injections), Facet Joint Diagnostic Blocks (Injections).

**Decision rationale:** The California MTUS does not specifically address medial branch blocks. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the ODG was used instead. The ODG states that medial branch blocks are not recommended except as a diagnostic tool and there is minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include: one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally, there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks; and no more than 2 facet joint levels are injected in one session. In this case, the request for facet blocks at L4-S1 with radiofrequency if diagnostic was made because per patient history, he continued to complain of persistent and ongoing axial back pain, facetogenic in nature, with facet arthropathy on MRI scan, and painful and limited range of motion accompanied by positive facet loading on physical examination. However, the patient was assessed to have lumbar radiculopathy, supported by history and physical examination findings. Diagnostic facet blocks are limited to patients with non-radicular low back pain as stated above. In addition, although there was mention of failure of physical therapy, there was no discussion regarding failure of other recommended conservative treatment options. The criteria were not met. Therefore, the request for L4-L5 Lumbar Medial Branch Block (Mbb) Facet Block (With Radio Frequency If Diagnostic) is not medically necessary.

#### **L5-S1 Lumbar Medial Branch Block (Mbb) Facet Block (With Radio Frequency If Diagnostic): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Facet Joint Medial Branch Blocks (Therapeutic Injections), Facet Joint Diagnostic Blocks (Injections).

**Decision rationale:** The California MTUS does not specifically address medial branch blocks. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the ODG was used instead. The ODG states that medial branch blocks are not recommended except as a diagnostic tool and there is minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include: one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally, there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks; and no more than 2 facet joint levels are injected in one session. In this case, the request for facet blocks at L4-S1 with radiofrequency if diagnostic was made because per patient history, he continued to complain of persistent and ongoing axial back pain, facetogenic in nature, with facet arthropathy on MRI scan, and painful and limited range of motion accompanied by positive facet loading on physical examination. However, the patient was assessed to have lumbar radiculopathy, supported by history and physical examination findings. Diagnostic facet blocks are limited to patients with non-radicular low back pain as stated above. In addition, although there was mention of failure of physical therapy, there was no discussion regarding failure of other recommended conservative treatment options. The criteria were not met. Therefore, the request for L5-S1 Lumbar Medial Branch Block (Mbb) Facet Block (With Radio Frequency If Diagnostic) is not medically necessary.