

<b>Case Number:</b>	CM14-0013086		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	08/26/2008
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/01/2014

### 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 40-year-old male who has submitted a claim lumbosacral spondylosis without myelopathy associated with an industrial injury date of August 26, 2008. Medical records from 2013 were reviewed. The patient complained of low back pain radiating to the left lower extremity going to his hip. He underwent a lumbar facet medial branch block at the left L4-5 and L5-S1 on April 19, 2013 which provided relief. Physical examination showed a mildly antalgic gait; limitation of motion of the lumbar spine; tenderness over the paralumbar musculature at L5-S1 and facet joints at the left L4-5 and L5-S1; and a positive facet loading to the left L3-4 and L4-5. MRI of the lumbar spine obtained on March 5, 2013 revealed L5-S1 right paracentral protrusion with annular fissure contacts the right S1 nerve root, and L3-4 and L4-5 facet arthropathy. The diagnoses were L3-4 and L4-5 facet arthropathy, mechanical low back pain and L5-S1 HNP. Treatment plan includes a request for lumbar medial branch blocks. Treatment to date has included oral analgesics, physical therapy, chiropractic therapy, acupuncture, massage therapy, and home exercise program. Utilization Review from January 9, 2014 did not grant the requests for lumbar medial branch block to the left L3-4 and lumbar medial branch block to the left L4-5 because repeated diagnostic injections in the same location are not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR MEDIAL BRANCH BLOCK TO THE LEFT L3-L4 QUANTITY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 604.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic blocks (injections).

**Decision rationale:** The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines was used instead. The Official Disability Guidelines states that medial branch blocks are not recommended except as a diagnostic tool. There is also 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; and there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks. In this case, a lumbar facet medial branch block at the left L4-5 and L5-S1 was done on April 19, 2013 which provided relief. However, no further discussion with regards to treatment response was noted. Moreover, there is no documentation of failure of conservative treatment 4-6 weeks prior to the requested procedure. The medical necessity for medial branch block was not established. Therefore, the request for lumbar medial branch block to the left L3-L4 quantity: 1.00 is not medically necessary.

**LUMBAR MEDIAL BRANCH BLOCK TO THE LEFT L4-L5 QUANTITY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 604.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint medial branch blocks (therapeutic injections).

**Decision rationale:** The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines was used instead. As noted in the Official Disability Guidelines, medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally, with conservative treatment prior to the procedure for at least 4-6 weeks. In this case, a lumbar facet medial branch block at the left L4-5 and L5-S1 was done on April 19, 2013 which provided relief. No further discussion with regards to treatment response was noted. The guideline clearly states that this procedure is recommended as a diagnostic tool only. There was no compelling rationale that warrant repeat blocks at the same spinal level. Therefore, the request for lumbar medial branch block to the left L4-L5 quantity: 1.00 is not medically necessary.