

<b>Case Number:</b>	CM14-0013974		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	03/25/1996
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 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 56-year-old female who has submitted a claim for back pain, lumbosacral spondylosis without myelopathy, lumbar radiculopathy, lumbar spondylolisthesis associated from an industrial injury date of March 25, 1996. The medical records from 2012-2013 were reviewed, the latest of which dated December 31, 2013 revealed that the patient complained of back pain with associated numbness, throbbing aching, burning and tingling sensation. This was accompanied by radiating pain down the right lower extremity. The pain is mild to moderate, rated 3/10. The symptom is alleviated by rest and medication, and is exacerbated by prolonged walking, stooping, prolonged sitting, bending over, walking and all physical activities. On physical examination, there was tenderness noted at the lower lumbar spine. There is limitation in range of motion of the lumbar spine. There was positive bilateral straight leg raise test and positive bilateral Kemp's test. MRI (magnetic resonance imaging) of the lumbar spine dated September 26, 2011 revealed a severe L4-5 facet arthropathy with severe central and lateral stenosis, left more than the right. Computed tomography (CT) scan of the lumbar spine dated December 27, 2012 revealed post-operative changes at L4-5; bilateral laminectomy defects at L4-5 and L5-S1; mild posterior disc bulges at L2-3 and L3-4 with mild laxity. MRI of the lumbar spine dated October 22, 2013 revealed post-operative changes at L4-5; bilateral laminectomy defects at L4-5 and L5-S1; annular bulging at L3-4. The treatment to date has included left sided L5-S1 discectomy with left S1 foraminotomy (8/1996), lumbar spine surgery at L4-5 (1/31/12), transforaminal epidural steroid injections at right L3-4 (12/6/13), trigger point injections, physical therapy, aquatic therapy, chiropractic treatment, and medications that include gabapentin and ibuprofen. A utilization review from January 10, 2014 denied the requests for Left medial branch nerve block L2-3 and L3-4 and Right medial branch nerve block L2-3 and L3-4 because the result of a recent course of the recommended conservative care (medications

and physical therapy) was not evident in the documents submitted to warrant bilateral medial branch nerve blocks.

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

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

#### **Left medial branch nerve block L2-3 and L3-4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8: Summary of Recommendations for Evaluating and Managing Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (acute & chronic), facet joint diagnostic blocks (injections).

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

**Decision rationale:** As stated in the ACOEM Practice Guidelines, facet injections for non-radicular facet mediated pain is guideline recommended. In addition, the Official Disability Guidelines (ODG) states that medial branch blocks are not recommended except as a diagnostic tool and there is minimal evidence for treatment. The 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 four to six weeks. In this case, the medial branch block was requested to improve back symptoms, and to determine if the patient is a candidate for radiofrequency ablation (RFA). The patient was diagnosed of lumbosacral spondylosis without myelopathy and lumbar spondylolisthesis. However, the patient has an ongoing radiculopathy. Presence of radiculopathy is an exclusion criterion for medial branch blocks. Also, there is no documentation of failure of conservative treatment four to six weeks prior to the requested procedure. The medical necessity for medial branch block was not established. Therefore, the request for Left medial branch nerve block L2-3 and L3-4 is not medically necessary.

#### **Right medial branch nerve block L2-3 and L3-4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8: Summary of Recommendations for Evaluating and Managing Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (acute & chronic), facet joint diagnostic blocks (injections).

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

**Decision rationale:** As stated in the ACOEM Practice Guidelines, facet injections for non-radicular facet mediated pain is guideline recommended. In addition, the Official Disability Guidelines (ODG) states that medial branch blocks are not recommended except as a diagnostic tool and there is minimal evidence for treatment. The 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 four to six weeks. In this case, the medial branch block was requested to improve back symptoms, and to determine if the patient is a candidate for radiofrequency ablation (RFA). The patient was diagnosed of lumbosacral spondylosis without myelopathy and lumbar spondylolisthesis. However, the patient has an ongoing radiculopathy. Presence of radiculopathy is an exclusion criterion for medial branch blocks. Also, there is no documentation of failure of conservative treatment four to six weeks prior to the requested procedure. The medical necessity for medial branch block was not established. Therefore, the request for Right medial branch nerve block L2-3 and L3-4 is not medically necessary.