

<b>Case Number:</b>	CM14-0015060		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	04/29/2010
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 & Rehabilitation and is licensed to practice in Texas. 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 38-year-old female who reported an injury on 04/29/2010 secondary to a motor vehicle accident. Her diagnoses include post lumbar laminectomy syndrome, arthrodesis at L4-5 and L5-S1, advanced facet arthrosis at L3-4, L4-5, and L5-S1 bilaterally, and right leg neuritis. According to the medical records submitted for review, the injured worker has been treated previously with an H-Wave unit, TENS unit, medications, exercise, a functional restoration program, epidural steroid injections, and psychotherapy. The injured worker underwent an anterior lumbar interbody fusion at L4-5 and L5-S1 on 06/20/2011 with subsequent hardware removal on 08/02/2012. An x-ray of the lumbar spine performed on 12/26/2013 was noted to reveal postoperative changes following the anterior fusion at L4-5 and L5-S1. Limited motion was also noted to be present at the L3-4 level. An MRI of the lumbar spine performed on 12/30/2013 was noted to reveal advanced facet arthrosis at the L3-4, L4-5, and L5-S1 levels with no evidence of disc protrusion, stenosis, or nerve root impingement. The injured worker was evaluated on 01/07/2014 and reported low back pain and right anterior thigh pain. She denied any numbness, tingling, or weakness in her lower extremities. On physical examination, she was noted to have normal strength, sensation, and reflexes in the lower extremities bilaterally. She was also noted to have reproducible midline tenderness to palpation of the lumbar spine. The injured worker was recommended for medial branch blocks at the L3, L4, and L5 levels bilaterally. It was noted that based on her response to the facet injections, she may be a candidate to proceed with radiofrequency neurotomies at the corresponding levels. A request for authorization was submitted on 01/23/2014 for a lumbar medial branch block at bilateral L3, L4, and L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL MEDIAL BRANCH BLOCKS AT L3 QTY: 2.00: Upheld**

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

**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 Chapter, Facet joint diagnostic blocks (injections).

**Decision rationale:** The request for bilateral medial branch blocks at L3 quantity 2.00 is not medically necessary. At the most recent clinical evaluation, the injured worker reported low back pain and pain in her right anterior thigh. On physical examination, she was noted to have reproducible midline tenderness to the lumbar spine. The California MTUS/ACOEM Guidelines state that facet injections are of questionable merit. More specifically, the Official Disability Guidelines may recommend the use of medial branch blocks for facet-mediated pain. The most recently documented physical examination fails to indicate tenderness to palpation over specific facet joint levels. The injured worker also reported right leg and thigh pain. There is a lack of significant, detailed evidence to indicate that the injured worker is currently experiencing facet-mediated pain. Additionally, the request as written is for bilateral medial branch blocks at L3. The clinical note states an intention to request medial branch blocks at the L3, L4, and L5 levels bilaterally. There is insufficient documentation to indicate whether the requested injection is for the L2-3 facet joint level or the L3-4 facet joint level. In the absence of recent documentation of significant findings of facet-mediated pain, and based on the request as written, the necessity of bilateral medial branch blocks at L3 has not been established. As such, the request for bilateral medial branch blocks at L3 quantity 2.00 is not medically necessary.

**BILATERAL MEDIAL BRANCH BLOCKS AT L4 QTY: 2.00: Upheld**

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

**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 Chapter, Facet joint diagnostic blocks (injections).

**Decision rationale:** The request for bilateral medial branch blocks at L4 quantity 2.00 is not medically necessary. The California MTUS/ACOEM Guidelines state that facet injections are of questionable merit. More specifically, the Official Disability Guidelines may recommend medial branch blocks for facet-mediated pain. These Guidelines state that medial branch blocks should be limited to injured workers with low back pain that is non-radicular. The injured worker reported low back pain and right leg and anterior thigh pain. There is insufficient evidence to indicate that the recent subjective reports of pain are non-radicular. On physical examination, the injured worker was noted to have reproducible midline tenderness to the lumbar spine. The most recently documented physical examination fails to indicate tenderness to palpation over specific

facet joint levels. There is a lack of significant, detailed evidence to indicate that the injured worker is currently experiencing facet-mediated pain. Additionally, the Guidelines state that diagnostic facet blocks should not be performed in injured workers who have had a previous fusion at the planned injection level. It was noted that the injured worker has previously undergone a fusion at the L4-5 and L5-S1 levels. The request as written is for bilateral medial branch blocks at L4. There is insufficient documentation to indicate whether the requested injection is to be performed at the L3-4 facet joint level or the L4-5 facet joint level. Therefore, it cannot be determined that the requested site of injection is not at the same level of the previous fusion. As such, the request for bilateral medial branch blocks at L4 quantity 2.00 is not medically necessary.

**BILATERAL MEDIAL BRANCH BLOCKS AT L5 QTY: 2.00: Upheld**

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

**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 Chapter, Facet joint diagnostic blocks (injections).

**Decision rationale:** The request for bilateral medial branch blocks at L5 quantity 2.00 is not medically necessary. The California MTUS/ACOEM Guidelines state that facet injections are of questionable merit. More specifically, the Official Disability Guidelines may recommend medial branch blocks for facet-mediated pain. These Guidelines state that medial branch blocks should be limited to injured workers with low back pain that is non-radicular. The injured worker reported low back pain and right leg and anterior thigh pain. There is insufficient evidence to indicate that the recent subjective reports of pain are non-radicular. On physical examination, the injured worker was noted to have reproducible midline tenderness to the lumbar spine. The most recently documented physical examination fails to indicate tenderness to palpation over specific facet joint levels. There is a lack of significant, detailed evidence to indicate that the injured worker is currently experiencing facet-mediated pain. Additionally, the Guidelines state that diagnostic facet blocks should not be performed in injured workers who have had a previous fusion at the planned injection level. It was noted that the injured worker has previously undergone a fusion at the L4-5 and L5-S1 levels. The request as written is for bilateral medial branch blocks at L4. There is insufficient documentation to indicate whether the requested injection is to be performed at the L4-5 facet joint level or the L5-S1 facet joint level. For either request, the proposed site of injection would be at the same level of the previous fusion. As such, the request for bilateral medial branch blocks at L5 quantity 2.00 is not medically necessary.