

<b>Case Number:</b>	CM14-0017089		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 68-year-old male who reported an injury on 02/21/2012. The mechanism of injury was not provided. The documentation of 12/20/2013 revealed a physical examination of paravertebral tenderness bilaterally. Lumbar facet loading was positive on both sides. The straight leg raise test was negative. The lower extremity reflexes were equal and symmetric. The injured worker's sensory and motor examinations were within normal limits. The diagnoses included lumbar facet syndrome, low back pain, and spasm of muscle. The treatment plan per the DWC Form RFA dated 01/29/2014 was for a medial branch block at L4, L5, S1, and sacral ala on the right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE MEDIAL BRANCH BLOCK AT THE RIGHT L4, L5 S1 AND SACRAL ALA:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Medial Branch Block.

**Decision rationale:** The ACOEM Guidelines indicate that facet joint injections are not recommended for the treatment of low back disorders. However, despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic. The ACOEM guidelines do not address the criteria for Medial Branch Blocks. As such, there is the application of the Official Disability Guidelines, which indicate that facet joint medial branch blocks as therapeutic injections are not recommended except as a diagnostic tool as minimal evidence for treatment exists. The Official Disability Guidelines recommend that for the use of diagnostic blocks, the patient have facet-mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings, and a normal straight leg raise exam. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally. Guidelines recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). The clinical documentation submitted for review indicated the injured worker met the above criteria with the 12/20/2013 examination. However, there was lack of documentation per a PR-2 for the documented rationale for more than 2 levels to be injected. Additionally, there was lack of documentation indicating further treatment that would be provided, if the injured worker had a positive diagnostic block. Given the above, the request for 1 medial branch block at the right L4, L5, S1, and sacral ala is not medically necessary and appropriate.