

<b>Case Number:</b>	CM14-0119380		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/27/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 49-year-old female who reported an injury on 08/27/2012. The mechanism of injury was not provided for clinical review. The diagnoses included herniated nucleus pulposus at L5-S1, lumbar degenerative disc disease, lumbar facet arthropathy. The previous treatments included physical therapy, chiropractic sessions, epidural steroid injections, medication. The diagnostic testing included MRI. Within the clinical note dated 06/11/2014, it was reported the injured worker complained of back pain. She rated her pain 2/10 to 4/10 in severity. She described her pain as aching pain. She denied any radiation or numbness or tingling radiating to her legs. Upon the physical examination the provider noted the lumbar range of motion was flexion at 40 degrees and extension at 20 degrees. The provider indicated the injured worker reflexes were equal and present. The injured worker had a negative straight leg raise bilaterally. The provider indicated the injured worker had positive facet loading, right greater than left. The provider requested a lumbar medial branch block for persistent pain and ongoing follow up visits to pain management. The Request for Authorization was submitted and dated on 06/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Median Branch Block at right L5-S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Page 300, Invasive

Techniques Official Disability Guidelines: Low Back chapter; Facet Joint Pain, Signs and Symptoms Official Disability Guidelines: Facet Joint Injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint medial branch blocks.

**Decision rationale:** The request for lumbar medial branch block at right side L5-S1 is not medically necessary. The California MTUS/ACOEM Guidelines state that invasive techniques such as facet joint injections are not recommended in the lumbar spine. However, the Official Disability Guidelines note facet joint diagnostic blocks are performed with the anticipation that if successful, treatments may proceed to facet neurotomy at the diagnosed levels. The guidelines clinical presentation should be consistent with facet joint pain signs and symptoms. The guidelines note 1 set of diagnostic medial branch block is required with response of greater than 70%. The pain response should be approximately 2 hours for lidocaine. The guidelines note medial branch blocks are limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. There is documentation of failure of conservative treatment including home exercise, physical therapy and NSAIDs prior to the procedure for at least 4 to 6 weeks. No more than 2 facet joint levels are injected in 1 session. The patient should document pain relief with an instrument such as a VAS, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. Diagnostic facet blocks should not be performed in patients in whom surgical procedures are anticipated. There is lack of significant documentation indicating the injured worker had tried and failed on at least 4 to 6 weeks of conservative therapy including exercise, physical therapy and NSAIDs. There is lack of documentation indicating the injured worker had tenderness to palpation of the paravertebral areas over the facet region. There is lack of imaging studies to corroborate the diagnosis. There is lack of documentation indicating the injured worker had previously undergone diagnostic blocks with at least 70% relief of pain for at least 2 hours. Therefore, the request is not medically necessary.

**Ongoing Follow-Up Visits for Pain Management; for RFA Date 6/12/14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Page 127, "The Occupational Health Practitioner May Refer to Other Specialist if a Diagnosis is Uncertain or Externly Complex, When Psychosocial Facts are Present, or When the Plan or Course of Care may Benefit From Additional Expertise. ACOEM Guidelines, Page 92; Referral Official Disability Guidelines: Pain Chapter: Office Visits.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The request for ongoing followup visits for pain management for RFA date 06/12/2014 is non-certified. The California MTUS Guidelines state physician followup can occur when released to modified, increased, or full duty is needed or after an applicable healing where recovery can be expected on average. There is lack of significant documentation

warranting the medical necessity for the request submitted. There is lack of documentation indicating how often the injured worker sees the provider. There is lack of documentation of a complete and adequate assessment of pain to support the current medication regimen and continued pain management visits to the provider. Therefore, the request is non-certified.

**Ongoing Follow-Up Visits for Pain Management:**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 92. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: Chapter 7; Independent Consultations, page 127; Official Disability Guidelines, Pain Chapter, Office Visits.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The request for ongoing follow up visits for pain management for RFA date 06/12/2014 is not medically necessary. The California MTUS Guidelines state physician follow up can occur when released to modified, increased, or full duty is needed or after an applicable healing where recovery can be expected on average. There is lack of significant documentation warranting the medical necessity for the request submitted. There is lack of documentation indicating how often the injured worker sees the provider. There is lack of documentation of a complete and adequate assessment of pain to support the current medication regimen and continued pain management visits to the provider. Therefore, the request is not medically necessary.