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| <b>Case Number:</b>   | CM14-0122659 |                              |            |
| <b>Date Assigned:</b> | 08/06/2014   | <b>Date of Injury:</b>       | 03/24/2003 |
| <b>Decision Date:</b> | 10/01/2014   | <b>UR Denial Date:</b>       | 07/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/04/2014 |

### 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 Family Practice and is licensed to practice in Texas and Mississippi. 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 46-year-old male with a reported date of injury 03/24/2003. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include lumbar facet syndrome, above fusion at L3-4 which promotes low back pain; postlaminectomy syndrome; chronic myofascial dysfunction secondary to postlaminectomy syndrome. His previous treatments were noted to include medication, a home exercise program and spinal cord stimulator implant. The progress note dated 02/19/2014 reported stimulator function was good. The injured worker reported the medications helped with no side effects or aberrant behavior. The injured worker utilized an H wave daily which helped decrease his pain significantly, increased function, and decreased medication use. The injured worker reported increased low back pain with looking up. The physical examination revealed a flat affect, restricted range of motion, and bilateral positive straight leg raise. The sensation was decreased in the posterior thigh (L5) and he walked slowly with antalgia and with a cane to the right hand. There was decreased heel to toe walk and positive trigger points at L4 and L5 with spasms with flexion/extension. The Request for Authorization form dated 03/11/2014 was for bilateral L3-4 medial branch nerve injection with fluoroscopic guidance for pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3-L4 Medial Branch Nerve Injection with Fluoroscopic Guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**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, Facet joint diagnostic blocks.

**Decision rationale:** The request for a Bilateral L3-L4 Medial Branch Nerve Injection with Fluoroscopic Guidance is not medically necessary. The injured worker reported increased low back pain and that the H wave helped to decrease his pain significantly, increase function, and decreased medication use. The Official Disability Guidelines recommend no more than 1 set of medial branch block diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to a facet neurotomy at the diagnosed levels. The guidelines criteria for the use of diagnostic blocks for facet mediated pain is clinical presentation should be consistent with facet joint pain. Signs and symptoms such as tenderness to palpation in the paravertebral areas over the facet region, a normal sensory examination, absence of radicular findings, and a normal straight leg raise exam. The guidelines state 1 set of diagnostic medial branch blocks is required with a response of greater than 70%. The pain response should last at least 2 hours for Lidocaine. The guidelines' criteria are limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. There must be 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 at 1 session. Diagnostic facet blocks should not be performed in patients who have had previous fusion surgery at the planned injection level. There is a lack of documentation regarding facet mediated pain such as tenderness to palpation in the paravertebral areas over the facet region and there were clinical findings consistent with radiculopathy such as a positive straight leg raise and decreased sensation in a specific dermatomal distribution. Therefore, due to lack of documentation regarding facet joint pain and clinical findings of radiculopathy, the Bilateral L3-L4 Medial Branch Nerve Injection with Fluoroscopic Guidance is not appropriate at this time. Therefore, the request is not medically necessary.