

<b>Case Number:</b>	CM14-0147228		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	03/09/2013
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 and Rehabilitation 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 injured worker is a 52-year-old female with a reported date of injury on 03/09/2013. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include lumbar arthropathy, cervical spondylosis, lumbago, and cervicgia. Her previous treatments were noted to include radiofrequency ablations, medication, and physical therapy. The progress note dated 08/22/2014 revealed complaints of low back pain described as constant that radiated to the right lower extremity. The injured worker described her pain as 6/10 and that it was made worse by bending increased activity, movement, and walking. The physical examination revealed muscle weakness to the bilateral legs, back pain, and morning stiffness. The injured worker reported gait disturbance and numbness to the toes in the right foot. Palpation of the lumbar facet revealed pain on both sides, and there was pain in the midline L4-5 to S1 noted over the lumbar intervertebral spaces (discs) on palpation. Palpation of the bilateral sacroiliac joint revealed right/left sided pain. There was decreased range of motion to the lumbar spine. There was normal sensation noted to the bilateral legs. The deep tendon reflexes were 2 to the left patella and 1 to the right Achilles. Documentation of the MRI of the lumbar spine was completed but a report was not submitted. The Request for Authorization form dated 08/27/2014 was for facet medial branch blocks at L3-4, L4-5, and L5-S1 bilaterally; however, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L3-4, L4-5, L5-S1 (lower back) Facial Medial Branch Block Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back (updated 12/27/13)

**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 1 Left L3-4, L4-5, L5-S1 (lower back) Facial Medial Branch Block Injection is not medically necessary. The injured worker complains of back pain rated 6/10. The Official Disability Guidelines recommend no more than 1 set of medial branch block diagnostics prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered under study). Diagnostic blocks may be performed with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The guidelines' criteria for the use of diagnostic blocks for facet mediated pain are clinical presentation should be consistent with facet joint pain, signs and symptoms such as tenderness to palpation in the paravertebral areas of the facet region, normal sensory examination, absence of radicular findings, and a normal straight leg raising exam. The pain response should last at least 2 hours for lidocaine. The diagnostic blocks should be limited to patients with low back pain that is nonradicular 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 weeks to 6 weeks. No more than 2 facet joint levels are injected in 1 session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. The guidelines state that the diagnostic blocks should be limited to patients with low back pain that is nonradicular, and the injured worker complains of radiating pain. The guidelines recommend no more than 2 levels bilaterally, and the request is for 3 levels. There is a lack of documentation regarding failure of conservative care. Therefore, the request is not medically necessary.