

<b>Case Number:</b>	CM14-0156552		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	01/06/1997
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Medicine 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 61-year-old male with a reported date of injury of 01/06/1997. The mechanism of injury was not documented in the records. The diagnoses included carpal tunnel syndrome, pain in joint involving the shoulder region, knee pain, cervical spondylosis, lumbar spondylosis, lumbar stenosis, and lumbago. The past treatments included pain medications, physical therapy, and epidural steroid injections. The magnetic resonance imaging of the cervical spine dated 05/03/2013 revealed spinal stenosis severe at C4-5 and mild to moderate stenosis at C5-6. An MRI of the lumbar spine was also performed on 12/11/2012 and it revealed facet arthrosis at L4-5 and L5-S1, with high grade neural foraminal stenosis at L5-S1. The surgical history included shoulder surgery times 7 and knee surgery. The subjective complaints on 08/26/2014 included right knee pain that was constant and described as sharp and stiff, increased with turning his head and decreased with massage, and associated with soreness of the shoulder. The physical examination to the lumbar spine noted L4-5 and L5-S1 right sided low back pain that was provoked on lumbar extension and limited right axial rotation and limited left axial rotation. There was also tenderness on the right adjacent to spinous process over the facet joints. In addition, there was limited range of motion in the SI joint. There was a note that there was no sign of radicular pain on this examination. The injured worker recalled having failed to improve with physical therapy. The medications included Soma 350 mg, Norco 10/325 mg, and Lisinopril 20 mg. The treatment plan was to perform a right L4-5 and L5-S1 medial branch block. A request was received for right L4-5, L5-S1 medial branch blocks. The rationale for the request was to alleviate pain. The Request for Authorization form was dated 09/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-5, L5-S1 medial branch block:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lower back, Facet joint intra-articular injections (therapeutic blocks)

**Decision rationale:** The request for right L4-5 and L5-S1 medial branch blocks is medically necessary. The Official Disability Guidelines state that the criteria for use for therapeutic intra-articular and medial branch blocks are as follows: no more than 1 therapeutic intra-articular block is recommended; there should be no evidence of radicular pain, spinal stenosis, or previous fusion; if successful, initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks; no more than 2 joint levels may be blocked at 1 time; and there should be evidence of a formal plan of additional evidence based activity and exercise in addition to facet joint injection therapy. The injured worker has chronic low back pain. The physical examination noted at least 3 signs and symptoms of facet joint pain present. There was a normal sensory examination. There was absence of radicular findings. There was tenderness to palpation in the paravertebral areas over the specific facet regions. Additionally, there was a formal home exercise program plan in place for this injured worker and formal physical therapy is going to take place after the procedure. Additionally, the injured worker has been noted to fail all conservative care measures previously. In summation, the request meets the evidence based guidelines and is supported. The request is medically necessary.

**Right C5-6 medial branch block:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lower back, Facet joint intra-articular injections (therapeutic blocks)

**Decision rationale:** The request for a right C5-6 medial branch block is medically necessary. The Official Disability Guidelines state that the criteria for use for therapeutic intra-articular and medial branch blocks are as follows: no more than 1 therapeutic intra-articular block is recommended; there should be no evidence of radicular pain, spinal stenosis, or previous fusion; if successful, initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks; no more than 2 joint levels may be blocked at 1 time; and there should be evidence of a formal plan of additional evidence based activity and exercise in addition to facet joint injection therapy. The injured worker has chronic low back pain. The physical examination noted at least

3 signs and symptoms of facet joint pain present. There was normal sensory examination. There was absence of radicular findings. There was tenderness to palpation in the paravertebral areas over the specific facet regions. Additionally, there was a formal home exercise program plan in place for this injured worker and formal physical therapy is going to take place after the procedure. Additionally, the injured worker has been noted to fail all conservative care measures previously. In summation, the request meets the evidence based guidelines and is supported. The request is medically necessary.