

<b>Case Number:</b>	CM14-0175172		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	05/07/2009
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 61 year old male with an injury date of 05/07/09. Per the 09/15/14 report by [REDACTED], the patient present with lower back pain. A lumbar examination shows tenderness on palpation of the paravertebral muscles with muscle band bilaterally. Lumbar facet loading is positive on both sides with straight leg raise negative bilaterally. There is tenderness over the sacroiliac spine. The patient's diagnoses include lumbosacral facet arthropathy, lumbar post laminectomy syndrome, encounter for long-term use of other medications, and encounter for therapeutic drug monitoring. The utilization review being challenged is dated 09/22/14. Reports were provided from 02/03/14 to 09/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral medial branch blocks L4-L5 and L5-S1:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint diagnostic blocks (injections), Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter

**Decision rationale:** The patient presents with lower back pain. The physician requests for bilateral medial branch blocks L4-L5 AND L5-S1. The ODG guidelines state that the criteria for the use of diagnostic blocks for facet mediated pain is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally and the patient must have facet pathology. Furthermore there is documentation of failure of conservative treatment (including home exercise, physical therapy and NSAIDs) prior to the procedure for at least 4-6 weeks. On 09/15/14 the physician states that the patient is 7 months post recovery (March 2014) radiofrequency ablation innervating the affected facet joints that provided greater than 50% reduction in baseline lower back axial pain. The patient has received multiple caudal ESI (dates unknown) for lower extremity radiculopathy, and after a positive Medial Branch Block he underwent radiofrequency ablation to the left lower facet joints with significant long lasting reduction in baseline pain one year ago. The physician further states the patient's ongoing radiculopathy was recently (dates unknown) treated successfully with serial TFESI. . A lumbar MBB from November 2012 was positive for recurrence of lumbar facet syndrome with 90% reduction for 3 hours. In February 2012 the patient was diagnosed with axial back pain related to lumbar facet syndrome and confirmed by MBB with greater than 80% reduction for two hours. A subsequent RFA reduced lower back axial pain by more than 50% for 6 months. Dr. Maskowitz states the patient underwent L4-L5, L5-S1 discectomy in July 2010. Operative reports are not provided. In this case, the request is for DMB diagnostic blocks but it is not known why the physician wants to repeat diagnostic blocks when the patient already had them done, followed by RF ablation. There is no need to repeat DMB blocks. The patient already has diagnoses of facet joint syndrome. The only question is whether or not RF ablations have been beneficial in terms of pain relief, functional gains and medication reduction. The ODG guidelines do not support multiple diagnostic DMB blocks. The request is not medically necessary.