

<b>Case Number:</b>	CM14-0029056		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	10/14/2010
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 & 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 44-year-old male who reported an injury on 10/14/2010. The mechanism of injury was a twisting injury to the low back, as the chair he was sitting on gave way beneath him. The record of 05/28/2014 indicates that a week after his reported injury, at an [REDACTED]; he was examined and received x-rays, was given Vicodin and was sent for a magnetic resonance imaging (MRI). He was diagnosed with a meniscus tear. He had re-exacerbated his back pain in 02/2012 while doing repetitive office work, which required him to be sitting for long periods of time. On 08/21/2013 and 10/09/2013, he received bilateral epidural steroid injections at L4-5 and reported that it was very helpful in reducing his severe low back pain by over 75%. On 05/28/2014, the injured worker reported his back pain at 2/10 and described the pain as burning, sharp, shooting, tingling with numbness and tightening. He reported his pain being aggravated by long periods of walking and sitting and alleviated by his medications. He further reported that his pain impaired his ability to perform household chores and office work, to be able to walk, run and play sports. It also had a negative impact on his ability to concentrate, his increased anxiety, decreased sleep and on his relationships. His medications at that time included Butrans patches 15 mcg/hr, Norco 5/325 mg, amlodipine 10 mg, losartan 100 mg, temazepam (no dosage given) and meloxicam 7.5 mg. On 11/06/2014, his diagnoses included chronic pain syndrome, low back pain, lumbar spondylosis, lumbar facet arthropathy, myofascial pain; including the bilateral quadratus lumborum and gluteal muscles, sacroiliac joint strain bilaterally, S1 radiculitis, insomnia, anxiety and obesity. The medications previously noted included Pamelor 50 mg and trazodone 50 mg on 06/11/2014. On 05/28/2014, the treatment plan included repeat epidural steroid injections because the injured worker had had excellent response previously. On 05/23/2014, his lumbar spine ranges of motion included flexion of 30 degrees, extension of 10 degrees, right lateral bending of 15 degrees and left lateral bending of 15

degrees. Recommendation on that date was for him to continue with his home exercise program. There was no Request for Authorization or rationale included in the submitted paperwork.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **OUTPATIENT LUMBAR MEDIAL BRANCH BLOCK AT BILATERAL L3, L4, AND L5 LEVELS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Facet joint diagnostic blocks (injections).

**Decision rationale:** The request for outpatient lumbar medial branch block (MBB) at bilateral L3, L4 and L5 levels is not medically necessary. CA MTUS recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. Invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment (MBB) offers no significant long-term functional benefit, nor does it reduce the need for surgery. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines do not recommend facet medial branch blocks except as a diagnostic tool, stating that diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Minimal evidence is found for treatment. This injured worker reported pain level of 2/10. Reports included documentation that his pain was being well controlled by his medications and his home exercise program. Guidelines further state that diagnostic blocks are required if there are no findings on history, physical or imaging studies that consistently aid in making the diagnosis. In this case, his MRI does assist in the diagnosis of the etiology of his pain. Therefore, the request for outpatient lumbar medial branch block at bilateral L3, L4 and L5 levels is not medically necessary.