

<b>Case Number:</b>	CM14-0036797		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/28/2002
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 who reported an injury on January 28, 2002. The mechanism of injury was not provided within the medical records. The clinical note (this note is handwritten and largely illegible) dated March 16, 2014 indicated diagnoses of lumbar spondylosis and lumbar degenerative disc disease. The injured worker reported back pain with spasms, weakness, and reported her pain level at 8/10. She reported numbness that radiated to her legs and worsened with walking and standing. On physical examination of the lumbar spine, there was tenderness with spasms bilaterally to the facet and decreased range of motion. The injured worker's prior treatments include bilateral medial branch blocks on April 3, 2014 and radiofrequency right lumbar facet neurotomy on June 6, 2014; also, diagnostic imaging and medication management. The provider submitted request for bilateral medial branch blocks of the lumbar spine. A request for authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral medial branch blocks- lumbar spine:** 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet intra-articular injections.

**Decision rationale:** The Low Back Complaints Chapter of the ACOEM Practice Guidelines do not recommend facet joint injections to the low back. The Official Disability Guidelines (ODG) state if a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least six weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). No more than two joint levels may be blocked at any one time. 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 underwent bilateral medial branch blocks of the lumbar spine on April 3, 2014. In addition, on June 6, 2014, the injured worker underwent a radiofrequency right lumbar facet neurotomy. It is not indicated why the provider would request medial branch blocks of the lumbar spine. In addition, the request does not indicate what level for the medial branch blocks of the lumbar spine. Furthermore, the injured worker reported numbness, tingling, and weakness. These are all indicative of radiculopathy. The guidelines indicate there should be no evidence of radicular pain. The provider did not indicate a rationale for the request. The request for bilateral medial branch blocks- lumbar spine is not medically necessary or appropriate.