

<b>Case Number:</b>	CM14-0038282		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	04/25/2006
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Occupational Medicine 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 52-year-old female who has submitted a claim for low back pain and lumbar facet pain associated with an industrial injury date of April 25, 2006. Medical records from 2014 were reviewed. The patient complained of low back pain. She received lumbar medial branch blocks on February 10, 2014 to test right L4-5, L5-S1 facet joints. VAS was reduced from 8/10 to 4/10 post procedure. Physical examination showed tenderness over the right lumbar facet joints and right sacroiliac joint with pain on lumbar extension and rotation to the right. Bilateral straight leg raise was negative. The diagnosis was rule out lumbar facet pain. Treatment plan includes a request for second set of lumbar medial branch blocks. Treatment to date has included tizanidine, Ambien, Subutex, Colace, Cymbalta, Wellbutrin, and lumbar medial branch blocks. Utilization review from March 20, 2014 denied the request for second set of right lumbar medial branch blocks at L4-5 and L5-S1. The reason for denial was not available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Second Set Of Right Lumbar Medial Branch Blocks At L4-5 And L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation official disability guidelines.

**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 Chapter, Facet joint diagnostic blocks (injections).

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG recommends no more than one set of medial branch diagnostic blocks. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). Criteria for the use of diagnostic blocks for facet "mediated" pain include a response of 70% after one set of diagnostic medial branch blocks that last at least 2 hours for Lidocaine. In this case, VAS scores reduced from 8/10 to 4/10 after the procedure. However, the duration of response was not discussed. Moreover, level of pain improvement did not meet the guideline criteria of 70% response. In addition, the guideline does not recommend repeat diagnostic blocks. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for second set of right lumbar medial branch blocks at L4-5 And L5-S1 is not medically necessary.