

<b>Case Number:</b>	CM14-0049329		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/20/2009
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 and is licensed to practice in Illinois. 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 54-year-old male who reported an injury on 07/20/2009 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his cervical spine. The injured worker failed to respond to conservative treatments and ultimately underwent anterior cervical decompression and fusion at the C5-6 and C6-7. The injured worker was evaluated on 03/25/2014. It was indicated that the injured worker received a left C7-T1 radiofrequency nerve ablation which provided 90% pain relief. It was also noted that the injured worker had a history of L4-5 and L5-S1 fusion. Physical findings included restricted range of motion in all planes for the lumbar spine. The injured worker's diagnoses included status post left C7-T1 radiofrequency nerve ablation, left C7-T1 cervical facet joint pain, cervical facet joint arthropathy, status post anterior cervical discectomy and fusion at the C5-6 and C6-7, cervical sprain/strain, right sacroiliac joint pain, lumbar facet joint pain, lumbar facet joint arthropathy, lumbar postlaminectomy syndrome from the L4-S1. A request was made for bilateral L4-5 and L5-S1 fluoroscopic diagnostic facet joint medial branch blocks. However, no justification for the request was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-5, L5-S1 fluoroscopic diagnostic facet joint medial branch block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Facet Injections (Diagnostic).

**Decision rationale:** The requested bilateral L4-5, L5-S1 fluoroscopic diagnostic facet joint medial branch blocks are not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends medial branch blocks to determine the appropriateness of radiofrequency ablation. Official Disability Guidelines further clarify that diagnostic facet blocks should not be performed in patients who have had previous fusion procedures at the planned injection levels. The clinical documentation submitted for review does indicate that the injured worker has had lumbar spinal fusion from the L4-S1. Therefore, a medial branch block would be contraindicated for the injured worker. As such, the requested bilateral L4-5, L5-S1 fluoroscopic diagnostic facet joint medial branch blocks are not medically necessary or appropriate.