

<b>Case Number:</b>	CM14-0051504		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/26/2006
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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, has a subspecialty in Pain 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 injured worker is a 44 year old female who reported an injury on 07/26/2006; the mechanism of injury was not provided. Diagnoses included lumbosacral spondylosis and lumbago. Past treatments included medication. Past diagnostics included a CT of the lumbar spine, dated 03/06/2014, which revealed mild multilevel discogenic disease most pronounced at L4-5, mild neural foraminal narrowing bilaterally at this level secondary to mild diffuse disc bulge, mild ligamentum flavum thickening and facet sclerosis, and no significant canal narrowing; and at least moderate facet sclerosis identified at L5-S1 with associated mild diffuse disc bulge although there is no significant canal or neural narrowing. Surgical history included right knee surgery and left ankle repair, dates not provided. The clinical note dated 03/11/2014 indicated the injured worker complained of pain in the left ankle and the right side of the back rated 10/10. Physical exam revealed lumbar spine tenderness with paraspinous muscle spasms and bilateral facet loading signs, as well as left lower extremity tenderness with decreased range of motion. Current medications included MS Contin 15 mg, Norco 10/325 mg, and Mobic 15 mg. The treatment plan included left sympathetic nerve block; lumbar medial branch block at right L2-3, L3-4, and L4-5; and lumbar medial branch block at left L2-3, L3-4, and L4-5. The rationale for treatment and request for authorization form were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**left sympathetic nerve block:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS) Page(s): 39.

**Decision rationale:** The request for left sympathetic nerve block is not medically necessary. The California MTUS guidelines indicate that sympathetic blocks are recommended for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. The guidelines state that diagnostic criteria for complex regional pain syndrome includes continuing pain, allodynia, or hyperalgesia which is disproportionate to the inciting event and/or spontaneous pain in the absence of external stimuli; evidence at some time of edema, changes in skin blood flow, or abnormal sudomotor activity in the pain region; and the diagnosis is excluded by the existence of conditions that would otherwise account for the degree of pain or dysfunction. The injured worker complained of pain in the left ankle and the right side of the back rated 10/10. Physical exam revealed lumbar spine tenderness with paraspinous muscle spasms and bilateral facet loading signs, as well as left lower extremity tenderness with decreased range of motion. The rationale to indicate the need for the left sympathetic nerve block was not provided. There is a lack of clinical documentation to indicate that the patient has pain which was disproportionate to the diagnoses of lumbosacral spondylosis and lumbago, the lumbar MRI findings, as well as the previous left ankle injury. There is also a lack of evidence that the injured worker has edema, changes in skin blood flow, or abnormal sudomotor activity in the pain region. Therefore the request for left sympathetic nerve block is not medically necessary.

**lumbar medial branch block at L2-3, L3-4, and L4-5 - right:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint intra-articular injections (therapeutic blocks)

**Decision rationale:** The request for lumbar medial branch block at right L2-3, L3-4, and L4-5 is not medically necessary. The California MTUS/ACOEM guidelines indicates that invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. The Official Disability Guidelines go on to state that the criteria for use of a medial branch block includes no more than one therapeutic intra-articular block is recommended, there should be no evidence of radicular pain, spinal stenosis, or previous fusion, no more than 2 joint levels may be blocked at any one time, and 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 complained of pain in the left ankle and the right side of the back rated 10/10. Physical exam revealed lumbar spine tenderness with paraspinous muscle spasms and bilateral facet loading signs, as well as left lower extremity tenderness with decreased range of motion. The guidelines indicate that there should be evidence of a formal plan of additional evidence-

based activity and exercise in addition to facet joint injection therapy; the treatment plan included physical therapy. The guidelines specifically state that no more than two joint levels may be blocked at any one time; the request includes three joint levels. Therefore, the request for lumbar medial branch block at right L2-3, L3-4, and L4-5 is not medically necessary.

**lumbar medial branch block at L2-3, L3-4, and L4-5 - left:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint intra-articular injections (therapeutic blocks)

**Decision rationale:** The request for lumbar medial branch block at left L2-3, L3-4, and L4-5 is not medically necessary. The California MTUS/ACOEM guidelines indicates that invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. The Official Disability Guidelines go on to state that the criteria for use of a medial branch block includes no more than one therapeutic intra-articular block is recommended, there should be no evidence of radicular pain, spinal stenosis, or previous fusion, no more than 2 joint levels may be blocked at any one time, and 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 complained of pain in the left ankle and the right side of the back rated 10/10. Physical exam revealed lumbar spine tenderness with paraspinous muscle spasms and bilateral facet loading signs, as well as left lower extremity tenderness with decreased range of motion. The guidelines indicate that there should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy; the treatment plan included physical therapy. The guidelines specifically state that no more than two joint levels may be blocked at any one time; the request includes three joint levels. Therefore, the request for lumbar medial branch block at left L2-3, L3-4, and L4-5 is not medically necessary.