

<b>Case Number:</b>	CM14-0052571		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/17/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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:

This patient is a 53 year old female employee with date of injury of 1/17/2012. A review of the medical records indicates that the patient is undergoing treatment for a lower back injury with a diagnosis of lumbar facet arthropathy, status post L5-S1 laminectomy. Subjective complaints (3/3/2014) include stabbing pain in her neck, right shoulder, and left arm with parasthesias with a 7-8/10 pain rating and stabbing pain down her left lower leg and numbness. Objective findings from 3/14/2014 include normal lumbar range of motion, no tenderness to paraspinal muscles from L1-S1, tenderness to palpation bilaterally paraspinal muscles, 5/5 strength lower extremity muscles, intact sensory examination, and normal deep tendon reflexes. Treatment has included a surgical procedure performed on 3/6/2013 consisting of a hemilaminotomy and micro discectomy to the L4-L5 level, medications, and physical therapy (unknown number of sessions). The utilization review dated 4/4/2014 non-certified for: 1) Bilateral L3, L4 and L5 lumbar medial branch block to be followed by: 2) Radiofrequency ablation due to documented radicular symptoms to lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3, L4 and L5 lumbar medial branch block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint intra-articular injections (therapeutic blocks), and on UptoDate, Subacute and chronic low back pain: Nonsurgical interventional treatment.

**Decision rationale:** The ODG indicates the criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: "1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy." The medical records provided for review do not meet the above guidelines with the documented radicular symptoms. The ACOEM Guidelines does not recommend Diagnostic Blocks. Similarly, UptoDate states facet joint injection and medial branch block - glucocorticoid injections into the facet joint have not been shown to be effective in the treatment of low back pain. As such, the request is not medically necessary at this time.

**Radiofrequency ablation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.