

<b>Case Number:</b>	CM14-0062472		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/08/1996
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 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 53-year-old female who reported an unknown injury on 07/08/1996. On 05/29/2014, her diagnoses included left spine degenerative disc disease, left spine myofascial pain, left spine spinal stenosis, and left spine radiculopathy. On 07/03/2014, she reported having severe pain in her low back and legs. She described the pain as burning, aching, and shooting down her legs with a pain level of 8-9/10. On 09/23/2013, she had a medial branch block bilaterally at levels L3-5. Submitted documentation suggests that she had significant pain relief from that procedure for a period of 5 months. On 02/06/2014, she reported having a return of pain in her low back. She felt that the facet injections had worn off and she requested repeat injections. She reported that her pain was so severe that her knees had buckled and she fell backwards. It was noted that her medications were not controlling her pain. The only medications noted in the submitted documents were Soma and Celebrex, with no dosages noted. The rationale for the requested medial branch blocks was that they would allow her to continue her exercise program and help her lose weight. A Request for Authorization dated 04/14/2014 was included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3, L4, L5, Medial Branch Block Injections.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**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 - Lumbar & Thoracic, Facet joint diagnostic blocks (injections).

**Decision rationale:** The request for bilateral L3-5 medial branch block injections is non-certified. California ACOEM Guidelines recommend that invasive techniques, for example, local injections and facet joint injections of cortisone and lidocaine, are of questionable merit. Although epidural steroid injections may afford short term improvements, medial branch blocks offer no significant long term functional benefit, nor do they reduce the need for surgery. The Official Disability Guidelines do not recommend facet medial branch blocks except as a diagnostic tool stating that no more than 1 set of medial branch diagnostic blocks be performed prior to facet neurotomy, if neurotomy is chosen as an option for treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Minimal evidence is found for this treatment. Among the criteria for use of diagnostic blocks, is that the blocks be administered to patients with low back pain that is not radicular and at no more than 2 levels bilaterally, and that there would be documentation of failure of conservative treatment, including physical therapy, prior to the procedure for at least 4 to 6 weeks. There was no documentation that this worker failed conservative treatment including physical therapy prior to the requested procedure. Furthermore, the request is for the medial branch block to be given at 3 different levels, which exceeds the recommendations in the guidelines for 2 levels. Also, her diagnoses are all on the left side of her spine. The request is for bilateral medial branch blocks, for which there is no justification. There was no request for facet neurotomies following the medial branch blocks. The clinical information submitted fails to meet the evidence based guidelines for medial branch blocks. Therefore, this request for bilateral L3-5 medial branch block injections is non-certified.