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| <b>Case Number:</b>   | CM14-0085306 |                              |            |
| <b>Date Assigned:</b> | 07/23/2014   | <b>Date of Injury:</b>       | 06/01/2011 |
| <b>Decision Date:</b> | 09/09/2014   | <b>UR Denial Date:</b>       | 05/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/06/2014 |

### 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:

According to the records made available for review, this is a 49-year-old female with a (6/1/01) date of injury. At the time (4/25/14)) of request for authorization for referral to PM&R specialist [REDACTED] for lumbar facet block at left L1-L5 followed by possible rhizotomies. There is documentation of subjective (left sided back pain) and objective (pain at left L3-4 and left L4-5 facet joints) findings. The current diagnoses are as follow: facetogenic pain syndrome and treatment with medications and physical therapy. There is no (clear) documentation of pain at no more than two levels bilaterally and no more than 2 joint levels to be injected in one session.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REFERRAL TO PM&R SPECIALIST [REDACTED] FOR LUMBAR FACET BLOCK AT LEFT L1-L5 FOLLOWED BY POSSIBLE RHIZOTOMIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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, Medial Branch Blocks (MBBs) American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations page(s) 127.

**Decision rationale:** Specifically regarding the referral, MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity of consultation. In addition, specifically regarding the facet blocks, MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of a diagnosis of facetogenic pain syndrome. In addition, there is documentation of low-back pain that is non-radicular and failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks. However, given documentation of the requested lumbar facet block at left L1-L5, there is no (clear) documentation of pain at no more than two levels bilaterally and no more than 2 joint levels to be injected in one session. Therefore, based on guidelines and a review of the evidence, the request for referral to PM&R specialist [REDACTED] for lumbar facet block at left L1-L5 followed by possible rhizotomies is not medically necessary.