

<b>Case Number:</b>	CM14-0172902		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	11/28/2001
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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:

This 56 year-old patient sustained an injury on 11/28/2001. Request(s) under consideration include Medial Branch Block under Fluoroscopic Guidance L1, L2, L3, and L4. Diagnoses include lumbosacral spondylosis without myelopathy s/p lumbar fusion at L5-S1 in 2006. Conservative care has included medications, therapy, injections; massage therapy, chiropractic treatment, and modified activities/rest. MRI of the lumbar spine showed previous lumbar fusion at L5-S1 with anterior plate and screws; lateral recess spinal stenosis at S1 with underlying congenital spinal stenosis at L5. Report of 9/2/14 from the provider noted the patient with chronic ongoing constant thoracic and lumbar pain associated with radiating symptoms of numbness, tingling, spasm, weakness and feeling of pins and needles. The patient had previous lumbar epidural steroid injections in 2014 with 50-70% pain relief. Exam showed diffuse decreased range secondary to pain with facet tenderness bilaterally at L3-S1 levels; DTRs 2+, neurological exam showed patient was experiencing dizziness, numbness, weakness, and loss of balance. Treatment plan included MRIs, medications, and medial branch blocks. The request(s) for Medial Branch Block under Fluoroscopic Guidance L1, L2, L3, and L4 (L2-3, L3-4, L4-5) was modified for L4-5 level per peer discussion on 10/9/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial Branch Block under Fluoroscopic Guidance L1, L2, L3, L4:** 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, Facet Joint Diagnostic Blocks (therapeutic injections), page(s) 412-418

**Decision rationale:** Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Additionally, facet blocks are not recommended in patient who may exhibit radicular symptoms as in this injured worker with radiating complaints along with relief from recent LESI with 50-70% improvement noted and MRI findings of stenosis. Additionally, facet blocks are not recommended without defined imaging correlation not demonstrated here nor are they recommended over 2 joint levels concurrently as requested here. Submitted reports have not demonstrated support outside guidelines criteria. The Medial Branch Block under Fluoroscopic Guidance L1, L2, L3, and L4 are not medically necessary and appropriate.