

<b>Case Number:</b>	CM14-0199582		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	06/15/2011
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Interventional spine 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 patient is a 55 year old male with an injury date of 06/15/11. Based on the 03/05/14 progress report provided by treating physician, the patient complains of low back pain rated 2/10. Patient is post radiofrequency rhizotomy to the bilateral L2, L3, L4 and L5 on 03/05/14. Physical examination to the lumbar spine revealed tenderness to palpation to the paraspinal muscles. Range of motion was painful bilaterally on extension and rotation. Reflexes and pinprick sensation tests were symmetric bilaterally. Per provider report dated 11/10/14, patient's medications include Percocet and Flexeril, and patient is working regular duty. Diagnosis 03/05/14- low back pain from multifactorial chronic etiologies with features of facet mediated pain that is improved after radiofrequency rhizotomy.- persistent tenderness and potential trochanteric bursitis- compensatory myofascial pain. Diagnosis 11/10/14- lumbar spine spondylosis. The utilization review determination being challenged is dated 11/17/14. Treatment reports were provided from 01/10/14 - 11/10/14.

### 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 blocks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MMBs and FC Rhizotomy: Lumbar Section.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MMBs and FC Rhizotomy: Lumbar Section

**Decision rationale:** Patient presents with low back pain rated 2/10. The request is for bilateral L3, L4, and L5 medical branch blocks. Patient is post radiofrequency rhizotomy to the bilateral L2, L3, L4 and L5 on 03/05/14. Patient's diagnosis on 03/05/14 included low back pain from multifactorial chronic etiologies with features of facet mediated pain that is improved after radiofrequency rhizotomy, persistent tenderness and potential trochanteric bursitis, and compensatory myofascial pain. Diagnosis on 11/10/14 was lumbar spine spondylosis. Physical examination to the lumbar spine on 03/05/14 revealed tenderness to palpation to the paraspinal muscles. Range of motion was painful bilaterally on extension and rotation. Reflexes and pinprick sensation tests were symmetric bilaterally. Per provider report dated 11/10/14, patient's medications include Percocet and Flexeril, and patient is working regular duty. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections) Section states: "For Facet joint diagnostic blocks for both facet joint and dorsal median branches: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally." "There should be no evidence of radicular pain, spinal stenosis, or previous fusion," and "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 medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." Provider has not provided reason for the request. Provider has documented that patient has a pain rating of 2/10, with physical exam findings consistent with lumbar facet arthropathy, for which medial branch blocks would be indicated. However, the patient has already undergone radiofrequency rhizotomy on 03/05/14 to the same requested levels. Guidelines do not support therapeutic facet joint injections, and recommendation is "to proceed to medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." The request is not in line with ODG indications; therefore it is not medically necessary.