

<b>Case Number:</b>	CM14-0199654		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	05/11/2010
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/03/2014
<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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 is a 43 year old patient with date of injury of 05/11/2010. Medical records indicate the patient is undergoing treatment for lumbar radiculopathy, chronic pain and status post knee surgery. Subjective complaints include low back pain radiating to buttocks and bilateral lower extremities, right greater than left, described as intermittent and sharp, rated 7/10 without medications, 5/10 with medications. Objective findings include tenderness with palpation of L4-S1, facet signs present in the lumbar spine bilaterally, lumbar range of motion - flexion 45 and extension 10, with a straight leg test negative bilaterally. MRI dated 07/01/2014 revealed disc and facet abnormalities including L3-L4 disc protrusion of 2mm, L4-L5 disc protrusion of 2mm with annular tear/fissure and L5-S1 with a disc protrusion of 4-5mm, annular tear/fissure, transversing and exiting nerve root compromise and left facet arthropathy. Treatment has consisted of crutches, epidural steroid injection, TENS unit, home exercise program and Tramadol. The utilization review determination was rendered on 11/03/2014 recommending non-certification of Bilateral L5-S1 medial branch nerve block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L5-S1 medial branch nerve block:** 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): 287-315, Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint.

**Decision rationale:** MTUS is silent regarding medial branch therapeutic blocks. ODG recommends "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 do not meet the above guidelines with the documented radicular symptoms. ACOEM "does not recommend Diagnostic Blocks". Similarly, Up to Date 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. A 2009 American Pain Society guideline recommends against their use." As such, the request for Bilateral L5-S1 medial branch nerve block is not medically necessary at this time.