

<b>Case Number:</b>	CM14-0205146		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 59-year-old female who was injured on November 19, 2012. The patient continued to experience pain in her lower back and left hip. Physical examination was notable for tenderness over the left-sided facet joints at L4-5 and L5-S1, negative straight leg raise, asymmetric deep tendon reflexes, and good muscle tone in the lower extremities. Diagnoses included facet arthropathy, spondylolisthesis L5-S1, and osteoarthritis left hip. Treatment included physical therapy, selective nerve block to L5-S1, acupuncture, and medications. Request for authorization for branch block at right L4, L5 and S1 was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Branch block at left L4, L5, and S1 under fluoroscopic guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar and Thoracic (Acute and Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back: Thoracic and Lumbar, Facet joint Mediated Blocks

**Decision rationale:** Per guidelines, no more than one set of medial branch diagnostic blocks is recommended prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself. Etiology of false positive blocks is: Placebo response, use of sedation, liberal use of local anesthetic, and spread of injectate to other pain generators. The concomitant use of sedative during the block can also interfere with an accurate diagnosis. Facet joint medial branch blocks are not recommended as a therapeutic tool. There is minimal evidence to support the efficacy of treatment. In this case, the branch block is requested for pain relief. In addition, prior treatment with selective nerve block of L5-S1 in March 2014 did not provide relief for the patient. The request is not medically necessary.