

<b>Case Number:</b>	CM15-0101252		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	06/20/2005
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59-year-old female sustained an industrial injury on 6/20/05. She subsequently reported back and ankle pain. Diagnoses include lumbar facet joint pain, chronic low back pain and left ankle internal derangement. Treatments to date include x-ray and MRI testing, modified work duty, injections and prescription pain medications. The injured worker continues to experience left ankle pain and low back pain that radiates to the right buttock. Upon examination, lumbar paraspinal muscle tenderness overlying bilateral L4-5 and L5-S1 facet joint and right sacroiliac joint sulcus. Positive Gaenslen's, Patrick's maneuver and pressure at sacral sulcus on the right was noted. Restricted range of motion on bilateral lower extremities was noted. The treating physician made a request for Bilateral L4-L5 Facet Joint Medial Branch Block with fluoroscopy and Bilateral L5-S1 Facet joint Medial Branch Block with fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-L5 Facet Joint Medial Branch Block with fluoroscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Diagnostic Blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back, section on diagnostic facet blocks Low back, section on Facet joint intra-articular injections (therapeutic blocks).

**Decision rationale:** Based on the 4/17/15 progress report provided by the treating physician, this patient presents with low back pain with lower extremity involvement and numbness / tingling / shooting pain. The treater has asked for BILATERAL L4-5 FACET JOINT MEDIAL BRANCH BLOCK WITH FLUOROSCOPY on 4/17/15. The patient's diagnoses per request for authorization form dated 4/17/15 are oth and unspec disc D/O lumbar region, and pain in limb. The patient is having more leg symptoms per 4/17/15 report. The patient has increased left ankle pain per 1/16/15 report. The patient is unable to do any prolonged standing or walking per 3/20/15 report. The patient's back pain is right worse than left, radiating to the right buttock and left ankle per 2/6/15 report. The patient's current medications are Norco, Protonix, Topamax, and Nalfon per 4/17/15 report. The patient is currently working full time per 4/17/15 report. 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. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. (Franklin, 2008)" Review of the reports do not show any evidence of a diagnostic facet evaluation being done in the past. In this case, the patient has chronic back pain and has failed conservative treatment. However, the patient has a positive straight leg raise during physical exam dated 4/17/15, suggestive of radicular symptoms. Facet diagnostic evaluations are not indicated when radicular symptoms are present. The request IS NOT medically necessary.

**Bilateral L5-S1 Facet joint Medial Branch Block with fluoroscopy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Diagnostic Blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back, section on diagnostic facet blocks Low back, section on Facet joint intra-articular injections (therapeutic blocks).

**Decision rationale:** Based on the 4/17/15 progress report provided by the treating physician, this patient presents with low back pain with lower extremity involvement and numbness / tingling / shooting pain. The treater has asked for BILATERAL L5-S1 FACET JOINT MEDIAL BRANCH BLOCK WITH FLUOROSCOPY on 4/17/15. The patient's diagnoses per request for authorization form dated 4/17/15 are oth and unspec disc D/O lumbar region, and pain in limb. The patient has increased left ankle pain per 1/16/15 report. The patient is having more leg symptoms per 4/17/15 report. The patient is unable to do any prolonged standing or walking per 3/20/15 report. The patient's back pain is right worse than left, radiating to the right buttock and left ankle per 2/6/15 report. The patient's current medications are Norco, Protonix, Topamax, and Nalfon per 4/17/15 report. The patient is currently working full time per 4/17/15 report. 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. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. (Franklin, 2008)." Review of the reports does not show any evidence of a diagnostic facet evaluation being done in the past. In this case, the patient has chronic back pain and has failed conservative treatment. However, the patient has a positive straight leg raise during physical exam dated 4/17/15, suggestive of radicular symptoms. Facet diagnostic evaluations are not indicated when radicular symptoms are present. The request IS NOT medically necessary.