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| <b>Case Number:</b>   | CM15-0104465 |                              |            |
| <b>Date Assigned:</b> | 06/08/2015   | <b>Date of Injury:</b>       | 03/19/2011 |
| <b>Decision Date:</b> | 07/15/2015   | <b>UR Denial Date:</b>       | 05/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/01/2015 |

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 injured worker is a 59 year old female, who sustained an industrial injury on March 19, 2011. She reported an injury to her lower back following a fall. Treatment to date has included medications, chiropractic therapy, and physical therapy. Currently, the injured worker complains of low back pain. She rates her pain a 6-8 on a 10-point scale and describes her pain as constant. The pain is aggravated with prolonged sitting and standing. The pain is relieved with lying down and limited the time sitting and standing. On physical examination the injured worker has tenderness to palpation and associated muscle spasm of the lumbar spine. She has a limited range of motion and a normal gait pattern. A facet load test is positive on the right and lower lumbar area and she had decreased light touch to sensation on the right between the first and second toes. The diagnoses associated with the request include low back pain, facet arthropathy and facet syndrome. The treatment plan includes work/activity restrictions, right medial branch block of L4-L5 and L5-S1, medications and Tens unit trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Medial Branch Block at L4-L5 and L5-S1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- low back pain and pg 36.

**Decision rationale:** According to the guidelines, Criteria for the use of diagnostic blocks for facet "mediated" pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a "sedative" during the procedure. 8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005) 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, the claimant has facet findings without radiculopathy. In addition, the claimant has persistent symptoms despite conservative interventions. The request for MBB is appropriate and medically necessary.