

<b>Case Number:</b>	CM15-0106613		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	06/11/2014
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 52 year old male, who sustained an industrial injury on 6/11/14. He reported severe low back pain after twisting his back while climbing into a tow truck. The injured worker was diagnosed as having L3-4 and L4-5 stenosis, lumbar spondylosis, facet arthropathy L2-5, status post posterior spinal instrumentation and fusion C3-7 with C6-7 laminectomy, C4-5 facetectomy and iliac crest bone graft, cervical myelopathy, spondylosthesis C5-6, C5 pedicle fracture left C4-5 and anterior cervical discectomy and fusion C3-5. Treatment to date has included radiofrequency ablation from L2-5 bilaterally, home exercise program, L3-5 selective bilateral nerve root block, oral medications and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine performed on 10/28/14 revealed congenital stenosis of the canal from short pedicles and mild to moderate degenerative disc signal without significant interspace narrowing with prominent disc osteophyte complexes present at L3-4, moderate facet joint disease plus a small broad based degenerative disc bulge at L5-S1, significant abnormal disc level at L4-5, mild left facet arthropathy at L3-4 and mild facet joint disease at left L2- 3. Currently, the injured worker complains of increasing lower back pain rated 6/10 without medications and 4/10 with medications. He continues to have relief of radicular symptoms post injection. He is released to return to work on full duty. Physical exam noted tenderness to palpation of paravertebral muscles bilaterally. A request for authorization was submitted for medial branch blocks from L2-5 and L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial branch block, right L2-3: 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-TWC), Low Back Chapter, Lumbar & Thoracic (Acute & Chronic) - Criteria for the use of diagnostic blocks for facet nerve pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medial Branch Blocks.

**Decision rationale:** Medial branch blocks (MBBs) are accepted pain management interventional techniques. However, specific criteria and standards of care apply for performing these procedures. According to the ODG, the criteria for the use of therapeutic MBBs are as follows: No more than one therapeutic intra-articular block is recommended; 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 6 weeks) the recommendation is to proceed to a diagnostic medial branch block (with subsequent neurotomy if the MMB is positive). In addition, no more than 2 joint levels may be blocked at any one time, and there should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. The documentation indicates that the patient did undergo prior MBBs at L2-3, L3-4, and L4-5 with subsequent RFAs (L2-5), and had reported 70% pain relief. In this case, the patient has documented radiculopathy and lumbar spinal stenosis (L3-L4, L4-L5) which do not meet the ODG recommendations for facet joint blocks. Medical necessity for the requested procedure has not been established. The requested medial branch block right L2-3 is not medically necessary.

**Medial branch block, right L3-4: 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-TWC), Low Back Chapter, Lumbar & Thoracic (Acute & Chronic) - Criteria for the use of diagnostic blocks for facet nerve pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medial Branch Blocks.

**Decision rationale:** Medial branch blocks (MBBs) are accepted pain management interventional techniques. However, specific criteria and standards of care apply for performing these procedures. According to the ODG, the criteria for the use of therapeutic MBBs are as follows: No more than one therapeutic intra-articular block is recommended; 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 6 weeks) the recommendation is to proceed to a diagnostic medial branch block (with subsequent neurotomy if the MMB is positive). In addition, no more than 2 joint levels may be blocked at any one time, and there should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. The documentation indicates that the patient did undergo prior MBBs at L2-3, L3-4, and L4-5 with subsequent RFAs, and had reported 70% pain relief. In this case, the patient has

documented radiculopathy and lumbar spinal stenosis (L3-L4, L4-L5) which do not meet the ODG recommendations for facet joint blocks. Medical necessity for the requested procedure has not been established. The requested medial branch block right L3-4 is not medically necessary.

**Medial branch block, right L4-5: 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-TWC), Low Back Chapter, Lumbar & Thoracic (Acute & Chronic) - Criteria for the use of diagnostic blocks for facet nerve pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medial Branch Blocks.

**Decision rationale:** Medial branch blocks (MBBs) are accepted pain management interventional techniques. However, specific criteria and standards of care apply for performing these procedures. According to the ODG, the criteria for the use of therapeutic MBBs are as follows: No more than one therapeutic intra-articular block is recommended; 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 6 weeks) the recommendation is to proceed to a diagnostic medial branch block (with subsequent neurotomy if the MMB is positive). In addition, no more than 2 joint levels may be blocked at any one time, and there should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. The documentation indicates that the patient did undergo prior MBBs at L2-3, L3-4, and L4-5 and subsequent RFAs (L2-5), with reported 70% pain relief. In this case, the patient has documented radiculopathy and lumbar spinal stenosis (L3-L4, L4-L5) which do not meet the ODG recommendations for facet joint blocks. Medical necessity for the requested procedure has not been established. The requested medial branch block right L4-5 is not medically necessary.

**Medial branch block, left L2-3: 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-TWC), Low Back Chapter, Lumbar & Thoracic (Acute & Chronic) - Criteria for the use of diagnostic blocks for facet nerve pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medial Branch Blocks.

**Decision rationale:** Medial branch blocks (MBBs) are accepted pain management interventional techniques. However, specific criteria and standards of care apply for performing these procedures. According to the ODG, the criteria for the use of therapeutic MBBs are as follows: No more than one therapeutic intra-articular block is recommended; 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 6 weeks) the recommendation is to proceed to a diagnostic medial branch block (with subsequent neurotomy if the MMB is positive). In addition, no more than 2 joint levels may be blocked at any one time, and there should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. The documentation indicates that the patient did undergo prior MBBs at L2-3, L3-4, and L4-5

and subsequent RFAs (L2-5), with reported 70% pain relief. In this case, the patient has documented radiculopathy and lumbar spinal stenosis (L3-L4, L4-L5) which do not meet the ODG recommendations for facet joint blocks. Medical necessity for the requested procedure has not been established. The requested medial branch block left L2-3 is not medically necessary.

#### **Medial branch block, left L3-4: 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-TWC), Low Back Chapter, Lumbar & Thoracic (Acute & Chronic) - Criteria for the use of diagnostic blocks for facet nerve pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medial Branch Blocks.

**Decision rationale:** Medial branch blocks (MBBs) are accepted pain management interventional techniques. However, specific criteria and standards of care apply for performing these procedures. According to the ODG, the criteria for the use of therapeutic MBBs are as follows: No more than one therapeutic intra-articular block is recommended; 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 6 weeks) the recommendation is to proceed to a diagnostic medial branch block (with subsequent neurotomy if the MMB is positive). In addition, no more than 2 joint levels may be blocked at any one time, and there should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. The documentation indicates that the patient did undergo prior MBBs at L2-3, L3-4, and L4-5 and subsequent RFAs (L2-5), with reported 70% pain relief. In this case, the patient has documented radiculopathy and lumbar spinal stenosis (L3-L4, L4-L5) which do not meet the ODG recommendations for facet joint blocks. Medical necessity for the requested procedure has not been established. The requested medial branch block left L3-4 is not medically necessary.

#### **Medial branch block, left L4-5: 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-TWC), Low Back Chapter, Lumbar & Thoracic (Acute & Chronic) - Criteria for the use of diagnostic blocks for facet nerve pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medial Branch Blocks.

**Decision rationale:** Medial branch blocks (MBBs) are accepted pain management interventional techniques. However, specific criteria and standards of care apply for performing these procedures. According to the ODG, the criteria for the use of therapeutic MBBs are as follows: No more than one therapeutic intra-articular block is recommended; 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 6 weeks) the recommendation is to proceed to a diagnostic medial branch block (with subsequent neurotomy if the MMB is positive). In addition, no more than 2 joint levels may be blocked at any one time, and there should be

evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. The documentation indicates that the patient did undergo prior MBBs at L2-3, L3-4, and L4-5 and subsequent RFAs (L2-5), with reported 70% pain relief. In this case, the patient has documented radiculopathy and lumbar spinal stenosis (L3-L4, L4-L5) which do not meet the ODG recommendations for facet joint blocks. Medical necessity for the requested procedure has not been established. The requested medial branch block left L4-5 is not medically necessary.