

<b>Case Number:</b>	CM15-0132425		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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:

The injured worker is a 62-year-old female with an industrial injury dated 04/22/2013. Her diagnoses included lumbar sprain/strain and lumbar degenerative disc disease. Prior treatment included lumbar epidural steroid injections, wellness center which included various treatments of yoga, counseling and physical therapy. She also underwent six sessions of acupuncture and chiropractic adjustments. She presents on 06/02/2015 noting prior to epidural she had pain down right leg. Since the epidural, she was having increased pain in the back. Objective findings showed neuro exam intact. There was positive straight leg rising on the right and 50% loss of lumbar motion. The treatment request is for right L4-5, L5-S1 facet medial branch block with monitored anesthesia care under fluoroscopy guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-5, L5-S1 Facet Medical Branch block with monitored anesthesia care under fluoroscopy guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, Chronic Pain Treatment Guidelines Lumbar medial branch blocks/lumbar facet diagnostic blocks. Decision based on Non-MTUS Citation Official Disability Guidelines, Facet Joint Injections.

**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 - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections).

**Decision rationale:** The 62-year-old patient complains of increased pain in the back, especially since the epidural, as per progress report dated 06/02/15. The request is for RIGHT L4-5, L5-S1 FACET MEDIAL BRANCH BLOCK WITH MONITORED ANESTHESIA CARE UNDER FLUOROSCOPY. There is no RFA for this case, and the patient's date of injury is 04/22/13. Diagnoses, as per progress report dated 06/02/15, included lumbar sprain/strain and lumbar degenerative disc disease. As per progress report dated 05/05/15, the patient complained of constant lower back pain radiating to the right lower extremity. The patient is status post decompressive laminectomy at L4-5 and L5-S1, as per progress report dated 06/16/15 after the UR date. An MRI dated 09/03/13 revealed disc protrusions at T11-T12, T12-L1 and L3-4 along with slight anterolisthesis at L3-4. The patient is off work, as per progress report dated 06/02/15. 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)." In this case, none of the progress reports discuss the request. There is no documentation of prior facet joint injection or medial branch blocks. The patient suffers from lower back pain that radiates to the right lower extremity. EMG/NCV study, dated 01/14/15, revealed mild chronic L5 radiculopathy. While the treater is requesting for medial branch blocks, ODG guidelines support their use only in patients with non-radicular symptoms. This request is not in accordance with guideline indications for the procedure. Therefore, the request IS NOT medically necessary.