

<b>Case Number:</b>	CM15-0143744		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	08/08/2007
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 8, 2007. In a Utilization Review report dated July 10, 2015, the claims administrator failed to approve lumbar medial branch blocks. The claims administrator referenced a May 15, 2015 RFA form and an associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On an RFA form of May 15, 2015, multilevel medial branch blocks were sought at L2, L3, L4, and L5 while lumbar radiofrequency neurolysis procedure was sought at L5-S1. In an associated progress note dated May 15, 2015, the applicant reported ongoing complaints of low back pain. The applicant had undergone prior medial branch blocks and prior radiofrequency neurolysis procedures, it was reported. It was stated that the applicant was now planning to pursue repeat medial branch blocks prior to consideration of repeat radiofrequency neurolysis procedures. Radiation of pain to the hip was reported, 4/10. The applicant was on Norco, gemfibrozil, Lotrel, and hydrochlorothiazide. Intact sensorium about the lower extremities was noted. The applicant exhibited tenderness about the lumbar spine and paraspinal musculature with pain-limited range of motion appreciated. Lumbar medial branch blocks were sought. The applicant's work status was not detailed. On April 7, 2015, it was acknowledged that the applicant had undergone right hip replacement, right knee replacement, and left knee arthroscopy as well as multiple prior lumbar radiofrequency ablation procedures. Multilevel medial branch blocks were sought. Once again, the applicant's work status was not detailed. On July 8, 2015, the attending provider renewed the applicant's permanent work restrictions and sought authorization

for multilevel radiofrequency neurolysis procedures. It was not stated whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case. The applicant had received earlier multilevel medial branch blocks at L2, L3, L4, and L5 on May 9, 2015, it was reported.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Bilateral L2, L3, L4, L5 medial branch block injection time 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 604, 1.

**Decision rationale:** No, the multilevel lumbar medial branch blocks at L2, L3, L4, and L5 x 6 were not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 does acknowledge that facet neurotomies (AKA lumbar radiofrequency ablation procedures) be performed only after appropriate investigation involving diagnostic medial branch blocks, here, however, the request was framed as a request for repeat diagnostic medial branch blocks. The attending provider stated on May 15, 2015 that the applicant had had prior medial branch blocks and prior radiofrequency neurolysis procedures. The attending provider stated that he was therefore intent on pursuing repeat medial branch blocks owing to the applicant's reported recurrence in symptomatology. While the Third Edition ACOEM Guidelines Low Back Chapter states that one diagnostic facet injection may be recommended for applicants with chronic low back pain which is significantly exacerbated by extension and rotation in whom other considered treatments such as NSAIDs, exercise, manipulation have proven unsuccessful, the Third Edition ACOEM Guideline note that repeated diagnostic injections in the same location are deemed "not recommended." Here, however, the attending provided failed to furnish a clear or compelling rationale for repeat diagnostic medial branch blocks in the same location, seemingly several years removed from the date the applicant had first undergone diagnostic medial branch blocks and several years removed from the date the applicant had undergone prior lumbar radiofrequency ablation procedures. Therefore, the request was not medically necessary.