

<b>Case Number:</b>	CM15-0149753		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	03/17/2010
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 46 year old male, who sustained an industrial injury on 3-17-10. Initial complaint was of his low back pain. The injured worker was diagnosed as having lumbar disc displacement without myelopathy; degenerative disc disease lumbar; lumbar spine stenosis; lumbar radiculopathy; facet arthropathy lumbar. Treatment to date has included physical therapy; lumbar epidural steroid injection (3-2-11); transforaminal epidural steroid injection L3-4 right (8-22-12); medications. Diagnostics studies included MRI lumbar spine (4-16-13); EMG/NCV study bilateral lower extremities - normal (7-27-10). Currently, the PR-2 notes dated 6-9-15 indicated the injured worker was in the office for a re-evaluation for chronic severe pain secondary to lumbar degenerative disease and lumbar facet syndrome. The provider reports the last lumbar MRI was 4-16-13 revealing multilevel degenerative disc disease with degenerative retrolisthesis T12 to L3. There was a moderate disc height loss at L3-4 and L4-5. L3-4 HNP right paracentral and facet osteoarthritis contributing to mild canal stenosis, moderate right and mild left NFN. At L4-5 HNP biforaminal and facet osteoarthritis contributing for moderate to severe left and moderate right NFN. No canal stenosis. At L5-S1 moderate facet osteoarthritis but no canal or foraminal stenosis. No disc height loss per report. The provider notes the injured worker has had facet medial branch blocks (MBB) at L3-4, L4-5 and L5-S1 on 3-7-12, then on 3-28-12 facet MBB bilaterally at L2-3, L3-4; then on 8-22-12 the injured worker had transforaminal epidural steroid injections (TFESI) right at L3-4 and L4-5 with greater than 90% improvement of low back pain and lower extremity pain for 6 months and then on 12-19-12 TFESI right L3-4 and L4-5 with greater than 80% improvement for 4 months. His pain scores on this day are 9 out

of 10. He reports he went to urgent care over the weekend due to pain. He reports his pain is changing and he is deteriorating rapidly. He has severe thoracolumbar pain with difficulty standing and walking. The provider notes it is critical he get an updated MRI and a neurological consult due to his significant changes he may need surgery He has increased pain with flexion at 20 degrees, extension at 10 degrees which causes him to be out of breath from pain. The provider is requesting authorization of Diagnostic bilateral L3, 4, 5 medial branch block (MBB).

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

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

**Diagnostic bilateral L3, 4, 5 medial branch block (MBB): 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), Treatment Index, 13th Edition (Web), 2015, Low Back, Facet joint diagnostic blocks (injections), Facet joint pain, signs & symptoms.

**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), Lumbar Diagnostic facet joint blocks (injections).

**Decision rationale:** The claimant sustained a work injury in March 2010 and is being treated for chronic neck and low back pain when seen, his prior treatments were reviewed. He had undergone bilateral L3-four, L4-5, and L5-S1 medial branch blocks in May 2012 and bilateral L2-3 and L3-4 medial branch blocks in March 2012. He was having back pain rated at 7/10. Physical examination findings included decreased lumbar spine range of motion with paraspinal tenderness. There was right sciatic notch tenderness. Straight leg raising was positive. There was an antalgic gait. There were muscle spasms and a left scoliosis. There was decreased right lower extremity strength and sensation. Diagnostic lumbar medial branch blocks were requested. The assessment references the claimant as not having had facet injections. Guidelines recommend that no more than one set of medial branch diagnostic blocks be performed prior to facet neurotomy. A positive response to a diagnostic block includes a response of at least 70% pain relief lasting at least 2 hours for Lidocaine. In this case, the claimant has already had medial branch blocks including the levels currently being requested. The provider's own note incorrectly states that he has not had this procedure previously. The physical examination reported supports the presence of radiculopathy rather than facet mediated pain. His response to the injections already done is not documented. For each of these reasons, the request is not medically necessary.