

<b>Case Number:</b>	CM15-0160486		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	07/01/2014
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 injured worker is a 60 year old female, who sustained an industrial injury on July 1, 2014. Treatment to date has included MRI of the lumbar spine, activity modifications, physical therapy, and NSAIDS. Currently, the injured worker complains of bilateral lumbar spine pain without lower extremity symptoms. On physical examination the injured worker has an antalgic gait. An MRI of the lumbar spine on March 24, 2015 revealed L3-4 degenerative disc disease, mild central canal narrowing and mild left-sided neural foraminal narrowing. The diagnoses associated with the request include lumbar disc degeneration, and lumbar facet spondylosis. The treatment plan includes bilateral L4-L5 medial branch block for diagnostic purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4 and L5 medial branch block injections under fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines -Neck and Upper Back (updated 6/25/15) Online version.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

**Decision rationale:** Regarding the request for Bilateral L4 and L5 medial branch block injections under fluoroscopy, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Guidelines go on to recommend no more than 2 joint levels be addressed at any given time. Guidelines also state that only 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. Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy. Furthermore, guidelines state facet joint medial branch blocks (therapeutic injections) are not recommended except as a diagnostic tool. Minimal evidence for treatment. Within the documentation available for review, it appears the patient already had a medial branch block. The request exceeds the maximum number of blocks recommended by guidelines. As such, the currently requested Bilateral L4 and L5 medial branch block injections under fluoroscopy are not medically necessary.