

<b>Case Number:</b>	CM15-0166142		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	05/25/2011
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Arizona, Michigan

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 injured worker is a 55-year-old female with an industrial injury dated 05-25-2011. The injured worker's diagnoses include facet syndrome at L4-5 and L5-S1. Treatment consisted of MRI of lumbar spine dated 4-22-2015, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 06-09-2015, the injured worker reported ongoing low back pain and pain in the lower extremities, right greater than left, with associated numbness and tingling. Objective findings revealed pain with lumbar extension and a reproduction of right sided pain when performing lumbar extension with rotation to the right. The treating physician reported that the Magnetic Resonance Imaging (MRI) revealed facet arthropathy at L4-5 and L5- S1. The treating physician prescribed services for one facet-medial branch nerve block L4-5, L5- S1 and pre-op labs: Complete blood count (CBC), prothrombin time (PT), partial thromboplastin time (PTT), Chem panel and Urinalysis (UA), now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One facet/medial branch nerve block L4-5, L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back -

Lumbar & Thoracic (Acute & Chronic): Facet joint diagnostic blocks (injections); Facet joint pain, signs & symptoms (2015).

**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) / Facet joint medial branch blocks (therapeutic injections).

**Decision rationale:** The MTUS / ACOEM did not sufficiently address the use of medial branch blocks and therefore other guidelines were consulted. Per the ODG recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy and that this be a medial branch block (MBB). Per the ODG Criteria for the use of diagnostic blocks for facet mediated pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of at least 70%. The pain response should last at least 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injective is given to each joint. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a sedative during the procedure. 8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. A review of the injured workers medical records do not reveal clear evidence of facet mediated pain, as the injured worker complains of symptoms that are suggestive of radiculopathy, It is also not clear that she has failed all conservative options that are available, facet blocks are only recommended as a prelude to neurotomy which has not been discussed in this case. Therefore, the request for one facet/medial branch nerve block L4-5, L5-S1 is not medically necessary.

**Pre-op lab Complete blood count (CBC):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-op lab prothrombin time (PT), partial thromboplastin time (PTT):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-op lab Chem panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-op lab Urinalysis (UA):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.