

<b>Case Number:</b>	CM15-0168481		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	04/12/2008
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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 49 year old, male who sustained a work related injury on 4-12-08. The diagnoses have included bilateral lumbar facet joint pain L4-5 and L5-S1; status post fluoroscopy guided left sacroiliac joint radiofrequency nerve ablation, L5-S1 disc protrusion, mild degenerative disc disease at L5-S1, lumbar spine injury, lumbar stenosis, and lumbar strain- sprain. He is currently being treated for low back pain with radicular symptoms. Treatments in the past include oral medications of Senokot, Soma, lorazepam, ibuprofen, Neurontin, Cymbalta, Vicodin and Lexapro and physical therapy (failed). Current treatments include medications. Medications he is currently taking include Norco and Ambien. He took last dose of Hydrocodone on 7-20-15. In the progress notes dated 1-15-15 through 7-21-15, the injured worker reports bilateral low back pain radiating to the left buttock, into the left lateral thigh and the left lateral calf. Activities that make pain worse include prolonged sitting and standing, lifting, twisting, driving, any activities, lying down, coughing, sneezing and bearing down. He gets some relief with medications. On physical exam, lumbar range of motion is restricted by pain in all directions. He has tenderness upon palpation of lumbar paraspinal muscles overlying L1 to L4 area. He has tenderness to palpation of left buttock and left sacroiliac joint. Lumbar discogenic provocative maneuvers were positive. Left sacroiliac provocative maneuvers, including Yeomans' Gaenslen's and tenderness at the sacral sulcus were all positive. Nerve root tension signs are negative bilaterally. Clonus, Babinski's and Hoffmann's signs are absent bilaterally. Muscle strength in right leg is 5 out of 5. He is not working. The treatment plan includes authorization for testosterone supplementation and for a fluoroscopy

guided diagnostic bilateral L4-5 and L5-S1 facet joint medial branch block. The Request for Authorization, dated 8-5-15, requests fluoroscopy guided bilateral L4-5 and L5-S1 facet joint medial branch block and prescription refills for Norco and Ambien. The Utilization Review, dated 8-13-15, non-certified the bilateral L4-5 and L5-S1 facet joint medial branch block with fluoroscopy stating "facet joint injections are not recommended and that good quality evidence does not exist demonstrating that lumbar radiofrequency neurotomy are effective."

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

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

**Outpatient bilateral L4-L5 and L5-S1 facet joint MBB with fluoroscopy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**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 Chapter, under Facet Joint Diagnostic Blocks.

**Decision rationale:** The patient presents on 07/21/15 with lower back pain which radiates into the left buttock, left lateral thigh, and left calf. The patient's date of injury is 04/12/08. Patient is status post left SI joint RF ablation at a date unspecified. The request is for OUTPATIENT BILATERAL L4-L5 AND L5-S1 FACET JOINT MBB WITH FLUOROSCOPY. The RFA is dated 08/05/15. Physical examination dated 07/21/15 reveals tenderness to palpation of the lumbar paraspinal muscles from L1 to L4 levels, left SI joint, and left buttock with positive Yeoman's, Gaenslen's signs noted. The patient is currently prescribed Norco and Ambien. Patient is currently classified as temporarily totally disabled. ODG Low Back Chapter, under Facet Joint Diagnostic Blocks states: Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment - a procedure that is still considered "under study". 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. Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself. In regard to the diagnostic lumbar medial branch block at L4-L5 and L5-S1 bilaterally, the request is appropriate. Progress notes provided do not indicate that this patient has undergone any lumbar medial branch blocks to date. There is no evidence that this patient has undergone any fusions at these levels to date, either. Per 07/21/15 progress note, the provider documents bilateral facet joint pain at the requested level, positive provocative maneuvers, and the failure of conservative treatments to date. While there is no discussion of anticipated neurotomy directed at this level, given this patient's persistent lower back pain with radiculopathic symptoms and the failure of conservative options, a diagnostic block is an appropriate measure. Therefore, the request IS medically necessary.