

<b>Case Number:</b>	CM15-0180440		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	11/02/2012
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 52 year old female who sustained an injury on 11-2-12. Diagnoses include lumbosacral disc degeneration; scoliosis; sacroiliitis; myalgia and myositis unspecified; and lumbar disc displacement. Diagnostic tests included electromyography; nerve conduction studies lower extremities; X-rays and MRI lumbar spine. Treatment has included medication, acupuncture, sacroiliac joint injection, and physical therapy. A diagnostic L2, 3 and 4 transforaminal epidural was recommended on 6-25-15. 8-21-15 progress report indicates she has left low back pain and has trouble with housework especially sweeping and mopping. Her pain is rated 8 out of 10 and her symptoms are worse since her last visit aggravated by bending forward, kneeling and standing. Medications are Tramadol 50 mg; Cyclobenzaprine 10 mg; Naprosyn 500 mg; Celebrex 200 mg. Lumbar spine examination reveals tenderness upon palpation left sacroiliac joint and paraspinal tightness left area; range of motion flexion was painful; right and left lateral bending was painful. Reviewed lumbar MRI (8-21-15) results that showed L3-4, L5-S1 loss of signal and degenerative disc disease with bulging, no stenosis compared to MRI on 3-18-15 which showed L3-4, 4-5, L5-S1 degenerative disc disease with bulging no stenosis. Current requested treatments three level lumbar medial branch blocks left L3-L4, L4-L5 and L5-S1. Utilization review 8-31-15 modified requested treatment for more than two levels is not recommended. Partial certification of L4-L5, L5-S facet MBB is recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Three level Lumbar Medial Branch Block (MBB) for L3-L4, L4-L5 and L5-S1: Upheld**

**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 with low back pain. The request is for three level lumbar medial branch block (MBB) for L3-L4, L4-L5, and L5-S1. Physical examination to the lumbar spine on 08/21/15 revealed tenderness to palpation over the left sacroiliac joint and the left paraspinal muscles. Range of motion was restricted in all planes with pain. Patient's treatments have included image studies, physical therapy and medication. Per Request For Authorization form dated 08/25/15, patient's diagnosis include lumbar neuritis, deg disc disease, disc displace, and SI dysfunction. Patient's medications, per 07/28/15 progress report include Omeprazole, Metronidazole, Tramadol, Cyclobenzaprine, Naprosyn, and Celebrex. Patient's work status was not specified. 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. ODG Guidelines, Low Back & Lumbar & Thoracic (Acute & Chronic) Chapter, under Facet joint diagnostic blocks (injections) Section states: "For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally." There should be no evidence of radicular pain, spinal stenosis, or previous fusion, and "if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." In progress report dated 08/21/15, the treater is recommending diagnostic medial branch blocks to see if the patient would be a candidate for radiofrequency medial branch neurotomy. There are no records indicating that the patient had prior lumbar medial branch blocks at the levels requested. There is no evidence that this patient is anticipating surgical intervention. ODG guidelines limit blocks for patients with non-radicular low back pain, and require documentation of failure of conservative treatment. The patient has non-radicular low back pain and has had physical therapy, with limited improvements. Furthermore, the patient has undergone opiate medication therapy with minimal benefits. Given the patient's condition, the request would be indicated. However, the treater has asked for 3 level diagnostic, and ODG does not support more than 2 levels. The request is not medically necessary.