

<b>Case Number:</b>	CM15-0183958		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	05/17/2005
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 52 year old male, who sustained an industrial injury on 5-7-05. The injured worker was diagnosed as having displacement of thoracic or lumbar intervertebral disc without myelopathy; lumbago bilateral lumbar facet joint pain L4-L5, L5-S1; lumbar facet joint arthropathy; chronic low back pain; lumbar disc bulge; lumbar sprain-strain. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 7-28-15 indicated the injured worker complains was in this office for an initial consultation and request for authorization for his low back pain. The provider documents "Exacerbating factors: bending, twisting, lifting; mitigating factors: none; current medications: Atenolol, Naprosyn, Singulair, Norco 10-325mg daily PRN; prior medications: none; past surgical history: sinus and right hand surgery (no dates given)." The provider notes the injured worker is working full time full duty. He documents a "Focused Musculoskeletal Examination". The provider notes: "There is tenderness upon palpation of the lumbar paraspinal muscles overlying the bilateral L4-L5 and L5-S1 facet joints. Lumbar ranges of motion were restricted by pain in all directions. Lumbar extension was worse than lumbar flexion. Lumbar discogenic provocative maneuvers, including pelvic rick were negative bilaterally. Sustained hip flexion was positive bilaterally. Muscle stretch reflexes are 1 and symmetric bilateral in all limbs. Clonus, Babinski's and Hoffmann's signs are absent bilaterally. Muscle strength is 5 out of 5 in all limbs. Sensation is intact to light touch, pinprick, proprioception, and vibration in all limbs. Tandem walking was within normal limits. The remainder of the visit is unchanged from the previous visit." The provider notes he is

requesting "diagnostic bilateral L4-L5 and L5-S1 facet joint medial branch blocks to evaluate the presence of bilateral facet joint pain as the reason for the patient's bilateral low back pain symptoms. The physical examination has supporting findings of lumbar extension being more painful than flexion and tenderness upon palpation of the lumbar paraspinal muscles overlying the bilateral L4-L5 and L5-S1 facet joints. The patient has failed physical therapy, NSAIDS, and conservative treatment." There is no documentation of prior radiographic or diagnostic studies or prior lumbar nerve blocks or documented benefit of lumbar nerve blocks. A Request for Authorization is dated 9-18-15. A Utilization Review letter is dated 9-3-15 and non-certification was for a Bilateral L4-L5, L5-S1 medical branch block with fluoroscopy. The Utilization Review letter stated "The CA-ACOEM does not recommend facet injections for low back complaints. The patient's treatment history since the 2005 history was no detailed in the records. It is unclear if the patient has received any prior injection therapy for the lumbar spine given an injury in 2005. Based on these points, the medical necessity of this request cannot be validated at this time." Utilization Review denied the requested treatment for not meeting the CA MTUS and ACOEM Guidelines. A request for authorization has been received for a Bilateral L4-L5, L5-S1 medical branch block with fluoroscopy.

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

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

#### **Bilateral L4-L5, L5-S1 medical branch block with fluoroscopy: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections) and Other Medical Treatment Guidelines Up to Date, Subacute and chronic low back pain: Nonsurgical interventional treatment.

**Decision rationale:** MTUS is silent regarding medial branch therapeutic blocks. ODG recommends "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 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 injectate 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. (Resnick, 2005)

11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. (Franklin, 2008)]" ACOEM "does not recommend Diagnostic Blocks." Similarly, Up to Date states "Facet joint injection and medial branch block. Glucocorticoid injections into the facet joint have not been shown to be effective in the treatment of low back pain. A 2009 American Pain Society guideline recommends against their use." The treating physician has provided a clear rationale for a diagnostic medial branch block to meet the above guidelines. As such, the request Bilateral L4-L5, L5-S1 medial branch block with fluoroscopy is medically necessary at this time.