

<b>Case Number:</b>	CM15-0184367		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/24/2015
<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: 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:

This 52 year old female sustained an industrial injury on 11-18-13. Documentation indicated that the injured worker was receiving treatment for lumbalgia, lumbar spine spondylosis, lumbar degenerative disc disease, myofascial pain and sacroiliac joint dysfunction, occipital neuralgia, cervalgia and cervical spine spondylosis. Previous treatment included epidural steroid injections, medial branch blocks, ice, heat and medications. In a progress note dated 3-30-15, the injured worker complained of low back pain with radiation into the left leg, foot and heel, rated 6 out of 10 on the visual analog scale. The physician documented that lumbar epidural steroid injection done in February 2015 only relieved symptoms for about a week before the pain returned to the previous level. In a progress note dated 6-12-15, the physician documented that electromyography and nerve conduction velocity test (9-17-14) showed bilateral S1 radiculopathy. The physician stated that the first two lumbar epidural steroid injections had been "very beneficial". In a progress note dated 8-14-15, the injured worker complained of increased pain in the mid back with radiation to the left leg, rated 7 to 8 out of 10 on the visual analog scale. Physical exam was remarkable for lumbar spine with normal sensation in bilateral upper and lower extremities with 5 out of 5 strength, normal gait, tenderness to palpation at the right occipital nerve and cervical and lumbar paraspinal musculature over the facet areas with pain upon facet loading in the lumbar spine and cervical spine, positive bilateral Patrick test and left straight leg raise. The injured worker reported that medial branch blocks at L3-5, first done on 9-19-14, provided "great benefits" that persisted for 3 months. The treatment plan included repeat medial branch blocks at right L3-5, left L4-5 transforaminal epidural steroid injections and continuing Neurontin. On 8-23-15, Utilization Review noncertified a request for repeat medial branch blocks at right L3-L5 and left L4-5 transforaminal epidural steroid injections.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat medial branch blocks x 1 under fluoroscopy at L3, 4, 5 right side:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**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) Chapter, Facet joint diagnostic blocks (injections).

**Decision rationale:** The patient presents with increased pain in the mid back radiating to the LEFT leg. The request is for REPEAT MEDIAL BRANCH BLOCKS X 1 UNDER FLUOROSCOPY AT L3, 4, 5 RIGHT SIDE. The request for authorization is not provided. MRI of the lumbar spine, 12/16/13, shows at L4-5, there is up to 6 mm of RIGHT-sided disc protrusion with mild RIGHT foraminal stenosis and minimal LEFT foraminal stenosis; there is no spinal canal stenosis. Physical examination of the lumbar spine reveals range of motion is limited in all planes due to pain, especially with extension plus rotation in both neck and low back. Tender to palpation at occipital nerve on RIGHT, not LEFT and lumbar paraspinals over the facet areas. Painful facet loading with extension plus rotation in both back and neck. Patrick test is positive bilaterally. Straight leg raising test is positive LEFT. The medial branch blocks on the RIGHT lasted 3 months in the RLE. Patient's medications include Atenolol, Levothroid, Simvastatin, Stool Softener, Terazosin, and Ultram. Per progress report dated 06/12/15, the patient is temporarily totally disabled. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, 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)." Per progress report dated 08/14/15, treater's reason for the request is "pt received this with great benefits on the right side of the low back that persisted for 3 months." The patient is status post Medial Branch Block at L3, 4, 5 RIGHT side, 09/19/14. And patient continues with non-radicular back pain on the RIGHT side. However, ODG does not support more than one Medial Branch Block. If successful, ODG recommendation is a subsequent neurotomy and not a Repeat Medial Branch Block. Therefore, the request IS NOT medically necessary.

**Left L4 and L5 transforaminal epidural under fluoroscopy x 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The patient presents with increased pain in the mid back radiating to the LEFT leg. The request is for LEFT L4 AND L5 TRANSFORAMINAL EPIDURAL UNDER FLUOROSCOPY X 1. The request for authorization is not provided. MRI of the lumbar spine, 12/16/13, shows at L4-5, there is up to 6 mm of RIGHT-sided disc protrusion with mild RIGHT foraminal stenosis and minimal LEFT foraminal stenosis; there is no spinal canal stenosis. Physical examination of the lumbar spine reveals range of motion is limited in all planes due to pain, especially with extension plus rotation in both neck and low back. Tender to palpation at occipital nerve on RIGHT, not LEFT and lumbar paraspinals over the facet areas. Painful facet loading with extension plus rotation in both back and neck. Patrick test is positive bilaterally. Straight leg raising test is positive LEFT. The medial branch blocks on the RIGHT lasted 3 months in the RLE. Patient's medications include Atenolol, Levothroid, Simvastatin, Stool Softener, Terazosin, and Ultram. Per progress report dated 06/12/15, the patient is temporarily totally disabled. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Per progress report dated 08/14/15, treater's reason for the request is "to relieve radicular pain in the left." In this case, patient presents with mid back pain radiating to the LEFT leg. Additionally, physical examination findings reveal radicular symptoms corroborated by imaging studies. However, for repeat injections, MTUS requires 50% pain relief for six to eight weeks. Per AME report dated 03/30/15, examiner states, [REDACTED] gave him an epidural injection in October 2014 but that did not relieve symptoms. He gave the patient another epidural injection in February 2015 but that only relieved symptoms for about a week before the pain returned to the previous level." Given the patient did not achieve 50% pain relief for six to eight weeks as required by MTUS from prior injections, the request does not meet guidelines indication. Therefore, the request IS NOT medically necessary.