

<b>Case Number:</b>	CM15-0194423		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	01/16/2009
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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 57 year old female injured worker suffered an industrial injury on 1-16-2009. The diagnoses included lumbosacral spondylosis without myelopathy and sacroiliitis. On 9-14-2015 the treating provider reported pain in the lower back and mid back described as constant, sharp and shooting rated at worst and average 7 out of 10. On exam, there was tenderness on the right and left lumbar regions at the L4-5 and L5-S1 levels. The range of motion was restricted with negative straight leg raise, Faber test and Fadir test, negative and negative axial loading, axial rotation and quadrant loading. Sensation was diminished in the L5 distribution on the right. Prior treatment included Tizanidine, Terocin patch, Methadone and Norco. She also had facet joint injections 4-2013 and 8-2014 and had 25% to 30% relief for 2 months. She also noted about 30% improvement from physical therapy. The provider noted she had ongoing non-radicular pain that appeared to be facetogenic with radiological evidence of facet arthropathy. Diagnostics included lumbar magnetic resonance imaging 5-4-2015 noted L4-5 and fL5-S1 moderate osteoarthritis of the facet joints. The Utilization Review on 9-25-2015 determined non-certification for Bilateral MBB L4-L5, L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral MBB L4-L5, L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, under Facet Joint Diagnostic Blocks Low Back Chapter, under Facet Joint Therapeutic Steroid Injections.

**Decision rationale:** The patient presents on 09/14/15 with lower back pain rated 7/10. The patient's date of injury is 01/16/09. The request is for BILATERAL MBB L4-L5, L5-S1. The RFA is dated 09/14/15. Physical examination dated 09/14/15 reveals tenderness to palpation of the lumbar paravertebral regions at L4-5 and L5-s1 with decreased sensation noted in the right L5 dermatomal distribution. The patient is currently prescribed Tizanidine, Ranitidine, Terocin patches, Methadone, Norco, and Senna. Diagnostic MRI dated 05/04/15 notes moderate osteoarthritis of the facet joints at the L4-5 and L5-S1 levels. Patient is currently classified as permanent and stationary. 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. Criteria for the use of diagnostic blocks for facet "mediated" pain: 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. ODG Low Back Chapter, under Facet Joint Therapeutic Steroid Injections states: 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 a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). MTUS/ACOEM Practice Guidelines, Chapter 12, Low Back complaints, page 300, under Physical Methods states: "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit." In regard to the request for a diagnostic medial branch block directed at the L4-L5 and L5-S1 levels, the patient does not meet guideline criteria. Per progress note dated 09/14/15, the provider indicates that this patient underwent facet joint injections in April 2013 and August 2014 with 25-30 percent relief lasting two months. The documentation is somewhat conflicting regarding whether or not this patient's pain is radicular. Per 09/14/15 subjective complaints, the provider indicates that this patient's lower back pain is "sharp and shooting" and documents decreased sensation in the right L5 dermatomal distribution on exam. Per treatment plan discussion, the provider states: "The patient has ongoing non-radicular pain which appears to be facetogenic... The physical examination including pain with extension and lateral rotation points to facetogenic pain. The patient has

radiographic evidence of facet arthropathy as well." Additionally, this patient has already undergone two facet joint injections to date, with only 25-30 percent improvement lasting two months; not the 50 percent improvement lasting 6 weeks, as required by ODG should the provider choose to follow with medial branch blocks. Given the suggestion that this patient's pain is radicular in nature, evidence of neurological compromise in the right lower extremity, and the insufficient relief provided by 2 prior facet joint injections, the request cannot be substantiated. Therefore, the request IS NOT medically necessary.