

<b>Case Number:</b>	CM15-0202974		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	07/26/1997
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 55 year old female, who sustained an industrial injury on 7-26-1997. The injured worker is undergoing treatment for: right leg pain with radiation into the knee, neck pain, mid and low back pain, and pain of the bilateral hips. On 9-14-15, she reported right leg pain with radiation into the right knee. She also reported pain to the neck, mid back, and low back, bilateral hips. She indicated there was pins and needles sensation in the mid and low back. She indicated having stabbing sensations in the right hip, burning and stabbing sensations in the right inguinal and right knee. She rated her pain 2-8 out of 10. She is reported to have difficulty with bending, lifting and twisting as well as squatting, standing and walking. Physical examination revealed decreased grip strength in the left hand, tenderness and decreased thoracolumbar spine range of motion, positive Fabere, normal gait, negative straight leg raise testing bilaterally, and tenderness in the hips with full range of motion noted. The provider reported that magnetic resonance imaging of the lumbar spine taken on 3-16-15, revealed L5-S1 midline disc protrusion, no neural foraminal stenosis, and T11-12 disc herniation. He also reported that the magnetic resonance imaging revealed facet hypertrophic changes at L3-4 and L4-5. The treatment and diagnostic testing to date has included: magnetic resonance imaging of the thoracic spine, lumbar spine and right knee ( 2015), knee brace, multiple sessions of physical therapy, lumbar epidural injection (date unclear), cervical fusion at C6-7 (December 2013). Current work status: retired. The request for authorization is for: bilateral medial branch facet blocks at L3, 4; and bilateral medial branch facet blocks at L4, 5. The UR dated 10-2-2015:

non-certified the requests for bilateral medial branch facet blocks at L3, 4; and bilateral medial branch facet blocks at L4, 5.

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

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

#### **Right Medial Branch Facet Blocks at L3- 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medial Branch Blocks (MBBs).

**Decision rationale:** According to the ODG, medial branch blocks (MBBs) are not recommended except as a diagnostic tool and there is minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include: (1) one set of diagnostic MBBs with a response of greater than or equal to 70%; (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 prior to the procedure for at least 4-6 weeks; and (4) no more than 2 facet joint levels are injected in one session. The ODG identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. In this case, the patient's low back pain is radicular in nature. Medical necessity for the requested right MBBs at L3-4 has not been supported or established. The requested MBBs are not medically necessary.

#### **Left Medial Branch Facet Blocks at L3- 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medial Branch Blocks (MBBs).

**Decision rationale:** According to the ODG, medial branch blocks (MBBs) are not recommended except as a diagnostic tool and there is minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include: (1) one set of diagnostic MBBs with a response of greater than or equal to 70%; (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 prior to the procedure for at least 4-6 weeks; and (4) no more than 2 facet joint levels are injected in one session. The ODG identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. In this case, the patient's low back pain is radicular in nature. Medical necessity for the requested

left MBBs at L3-4 has not been supported or established. The requested MBBs are not medically necessary.

### **Right Medial Branch Facet Blocks at L4 -5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medial Branch Blocks (MBBs).

**Decision rationale:** According to the ODG, medial branch blocks (MBBs) are not recommended except as a diagnostic tool and there is minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include: (1) one set of diagnostic MBBs with a response of greater than or equal to 70%; (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 prior to the procedure for at least 4-6 weeks; and (4) no more than 2 facet joint levels are injected in one session. The ODG identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. In this case, the patient's low back pain is radicular in nature. Medical necessity for the requested right MBBs at L4-5 has not been supported or established. The requested MBBs are not medically necessary.

### **Left Medial Branch Facet Blocks at L4 -5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medial Branch Blocks (MBBs).

**Decision rationale:** According to the ODG, medial branch blocks (MBBs) are not recommended except as a diagnostic tool and there is minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include: (1) one set of diagnostic MBBs with a response of greater than or equal to 70%; (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 prior to the procedure for at least 4-6 weeks; and (4) no more than 2 facet joint levels are injected in one session. The ODG identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. In this case, the patient's low back pain is radicular in nature. Medical necessity for the requested left MBBs at L4-5 has not been supported or established. The requested MBBs are not medically necessary.