

<b>Case Number:</b>	CM15-0204596		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	05/13/2009
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 May 13, 2009. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having lumbar radiculopathy, failed back syndrome lumbar, sacroiliac joint pain, myofascial pain syndrome, cervical degenerative disc disease and cervical spondylosis. On June 10, 2015, the injured worker noted 50% improvement from sacroiliac joint injection performed on May 21, 2015. On September 2, 2015, the injured worker reported 50-60% improvement in her low back pain after bilateral sacroiliac joint injections performed on August 18, 2015. On September 30, 2015, the injured worker complained of pain in neck, shoulders, lower back, in right lower extremity to toes, buttocks and groin and left leg. The pain was described as aching, hot-burning, shooting, throbbing and constant with intermittent flare ups. The pain was rated as a 7 on a 1-10 pain scale on average. The pain was made worse by twisting, turning, bending, increased activity and cold weather. Medication was reported to improve her function by 75%. Physical examination of the lumbar spine revealed spasm in the lumbar paravertebral region. Tenderness was noted in the right and left lumbar paravertebral regions at the L4-5 and L5-S1 levels. Straight leg raise test was positive on the right side at 60 degrees. Range of motion of the lumbar spine was restricted. Notes stated that the injured worker failed to respond to rest, activity modification, NSAIDs therapy, physical therapy and current prescription medications, including opioid and non-opioids. She continues home exercises which "do not help." The treatment plan included bilateral medial branch block on the right side first followed by one week later on the left side at the L4-5 and L5-S1 levels. On

October 8, 2015, utilization review denied a request for right lumbar bilateral medial branch block at L-5 and L5-S1 and left lumbar bilateral medial branch block at L4-5 and L5-S1 to be performed a week after right.

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

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

#### **Right lumbar bilateral medial branch block at L4-5 & L5-S1: 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) Treatment in Workers Compensation (TWC): Low Back- Lumbar and Thoracic (Acute and Chronic), Facet Joint Intra-articular Injections (therapeutic blocks).

**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 / Facet joint medial branch block (therapeutic injections).

**Decision rationale:** CA MTUS/ACOEM guidelines Chapter 12 Low Back complaints (physical methods), page 300 states that lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The use of diagnostic facet blocks require that the clinical presentation to be consistent with facet- mediated pain. Treatment is also limited to patients with low back pain that is non-radicular in nature. In this case the exam note from 9/30/15 demonstrates radicular complaints. Therefore the determination is for non-certification. Per ODG Low Back / Facet joint medial branch block (therapeutic injections) medial branch blocks are not recommended except as a diagnostic tool. Minimal evidence for treatment. As this procedure is not recommended per ODG guidelines, the recommendation is for non-certification. The request is not medically necessary.

#### **Left lumbar bilateral medial branch block at L4-5 & L5-S1 to be performed a week after right: 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) Treatment in Workers Compensation (TWC): Low Back- Lumbar and Thoracic (Acute and Chronic), Facet Joint Intra-articular Injections (therapeutic blocks).

**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 / Facet joint medial branch block (therapeutic injections).

**Decision rationale:** CA MTUS/ACOEM guidelines Chapter 12 Low Back complaints (physical methods), page 300 states that lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The use of diagnostic facet blocks

require that the clinical presentation to be consistent with facet- mediated pain. Treatment is also limited to patients with low back pain that is non-radicular in nature. In this case the exam note from 9/30/15 demonstrates radicular complaints. Therefore the determination is for non-certification. Per ODG Low Back / Facet joint medial branch block (therapeutic injections) medial branch blocks are not recommended except as a diagnostic tool. Minimal evidence for treatment. As this procedure is not recommended per ODG guidelines, the recommendation is for non-certification. The request is not medically necessary.