

<b>Case Number:</b>	CM15-0031656		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	02/13/2013
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: Preventive Medicine, Occupational 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 44-year-old female, who sustained an industrial injury on 02/13/2013. Initial complaints and diagnoses were not provided. Treatment to date has included conservative care, multiple medications, MRI of the lumbar spine, acupuncture, lumbar medial branch blocks, chiropractic manipulation, physical therapy and home exercises. Currently, the injured worker complains of moderate to severe lumbar spine pain that is increased with extension and lateral bending, and spasms in the paravertebral musculature. Current diagnoses include lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and bilateral sacroiliac joint arthropathy. The injured worker reported greater than 80% improvement since undergoing the lumbar medial branch blocks on 12/15/2014. The treatment plan consisted of bilateral L4 through S1 medial branch blocks with Rhizotomy and neurolysis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4 through S1 medial branch block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. 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 Guideline Facet joint injections.

**Decision rationale:** MTUS Guidelines does not address this in adequate detail. ODG Guidelines address this issue in significant detail and the Guidelines specifically recommend only a single set of medical branch blocks. The repeat request is not supported by Guidelines and may in fact be an as a distinct request separate from the neurotomy request. There are no unusual circumstances to justify an exception to Guidelines. The Bilateral L4-S1 medial branch blocks are not supported by Guidelines and are not medically necessary.

**Rhizotomy and Neurolysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. 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 Facet joint injections y.

**Decision rationale:** MTUS Guidelines does not address this issue in adequate detail. ODG Guidelines address this issue in detail. To be valid there are strict criteria for medical branch blocks. These include the avoidance of general sedation during the procedure. The procedure notes that Monitored Anesthesia Care (MAC) was provided, but the extent and type of sedation are not documented in the records reviewed. The Guidelines also do not recommend facet injections when there is an active radiculitic pain pattern, which is documented to be present. Guidelines also recommend careful record keeping by the patient to record specific improvements in VAS scores, activity levels and diminished use of medications. These standards have not been met in this individual. Under these circumstances, the request for follow up facet rhizotomies (thermal neurotomies) is not supported by Guidelines and is not medically necessary.