

<b>Case Number:</b>	CM15-0032804		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	12/08/2012
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56-year-old female who reported an injury on 12/08/2012. The mechanism of injury was walking fast to bring a group of students to a meeting location for a holiday parade. The injured worker's leg gave out and she fell forward. The diagnoses included degenerative lumbar/lumbosacral intervertebral disc, pain in joint (lower leg), and chronic pain syndrome. The injured worker's surgical history included multiple bilateral knee surgeries. Prior therapies included 3 lumbar epidural steroid injection and physical therapy. The injured worker was noted to have undergone an MRI of the lumbar spine on 10/28/2014. The unofficial report revealed the injured worker had minimal disc bulge at L2-3. At L3-4, there was moderate to severe facet arthrosis and minimal anterolisthesis of L3 on L4. At L4-5, there was moderate right sided facet arthrosis. The documentation of 01/22/2015 revealed the injured worker had complaints of low back and bilateral knee pain. The documentation indicated the injured worker's medications included Norco 5/325 mg 4 times a day and Celebrex 200 mg once per day. The injured worker was noted to undergo physical therapy that was somewhat helpful. The physical examination revealed the injured worker had bilateral L4-5 and L5-S1 overlying facet joint tenderness. There was no motor or sensory deficit on gross exam and no focal findings. The injured worker was noted to have moderate to severe pain in the right and mid back, right anterior calf, right anterior knee, and left anterior knee, and the injured worker was noted to have referred pain in the left thigh and right thigh posteriorly. The injured worker had severe pain in the bilateral hips posteriorly and in the bilateral low back posteriorly. The treatment plan included a diagnostic/therapeutic L3-4 and L4-5 bilateral facet injection. The injured worker had

increased pain upon lumbosacral extension. The injured worker had joint tenderness on physical examination. There was no Request for Authorization submitted for review.

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

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

#### **Bilateral lumbar facet joint medial branch block L3-4, L4-5 under fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Comp (ODG-TWC) Low Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The American College of Occupational and Environmental Medicine Guidelines indicate that a facet neurotomy (Rhizotomy) should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As the American College of Occupational and Environmental Medicine does not address specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate that a medial branch block is not recommended except as a diagnostic tool. Minimal evidence for treatment. The criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 to 6 weeks and no more than 2 facet joint levels should be injected in 1 session. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally and they 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"). The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. The clinical documentation submitted for review indicated the injured worker had tenderness to palpation and a normal sensory examination. There was a lack of documentation, however, of a straight leg raise examination. There was a lack of documentation of a failure of home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. There was a lack of documentation indicating that if the injured worker had a positive response to a diagnostic facet injection, the physician would proceed to a facet neurotomy. Given the above, and the lack of documentation, the request for bilateral lumbar facet joint medial branch block L3-4, L4-5 under fluoroscopy is not medically necessary.