

<b>Case Number:</b>	CM15-0039050		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	10/07/1980
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: 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 69 year old male, who sustained an industrial injury on 10/7/1980. He reported strain in his low back, right buttock and behind his right knee. The injured worker was diagnosed as having sacroiliac (SI) joint arthropathy, lumbar degenerative disc disease, lumbar facet disease and lumbago. Treatment to date has included chiropractic manipulation and medication. The injured worker underwent bilateral sacroiliac (SI) joint injection, lower pole bilateral on 7/1/2014. Currently, the injured worker complains of continuing pain in his low back and groin at times. The injured worker reported that a past lumbar medial branch diagnostic block provided 60-70% improvement in pain and function. The injured worker reported having a hard time doing activities of daily living. He had excellent relief from a sacroiliac (SI) joint injection in May 2013. The injured worker wanted to try medical massage therapy. The injured worker was trying a compound pain cream and noted it to be helpful. Physical exam dated 2/12/2015 revealed bilateral tenderness of the lumbar area. Straight leg raise was positive on the right. Gait was antalgic and guarded. Treatment plan was for a lumbar medial branch diagnostic block for the injured worker's facet disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Lumbar Medial Branch Block L3 QTY 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation; Low Back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint intra-articular injection.

**Decision rationale:** Medial branch blocks (MBBs) are accepted pain management interventional techniques. However, specific criteria and standards of care apply for performing these procedures. According to the ODG, the criteria for the use of therapeutic MBBs are as follows: No more than one therapeutic intra-articular block is recommended; there should be no evidence of radicular pain, spinal stenosis, or previous fusion, and if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of 6 weeks) the recommendation is to proceed to a medial branch diagnostic block (with subsequent neurotomy if the MMB is positive). In addition, no more than 2 joint levels may be blocked at any one time, and there should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, the patient has lumbar spinal stenosis which does not meet ODG recommendations for facet joint blocks. The documentation indicated that the patient did undergo a prior MBB at this level with reported 60-70% pain relief, without duration of time documented. In this case, there are also requests for MBBs at >2 joint levels, which do not meet guideline criteria. And, there was no evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. Medical necessity for the requested service has not been established. Therefore, the requested service is not medically necessary.

#### **Bilateral Lumbar Medial Branch Block L4 QTY 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation; Low Back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint intra-articular injection.

**Decision rationale:** Medial branch blocks (MBBs) are accepted pain management interventional techniques. However, specific criteria and standards of care apply for performing these procedures. According to the ODG, the criteria for the use of therapeutic MBBs are as follows: No more than one therapeutic intra-articular block is recommended; there should be no evidence of radicular pain, spinal stenosis, or previous fusion, and if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of 6 weeks) the recommendation is to proceed to a medial branch diagnostic block (with subsequent neurotomy if the MMB is positive). In addition, no more than 2 joint levels may be blocked at any one time, and there should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, the patient has lumbar spinal stenosis which does not meet ODG recommendations for

facet joint blocks. The documentation indicated that the patient did undergo a prior MBB at this level with reported 60-70% pain relief, without duration of time documented. In this case, there are also requests for MBBs at >2 joint levels, which do not meet guideline criteria. And, there was no evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. Medical necessity for the requested service has not been established. Therefore, the requested service is not medically necessary.

**Bilateral Lumbar Medial Branch Block L5 QTY 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation; Low Back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint intra-articular injection.

**Decision rationale:** Medial branch blocks (MBBs) are accepted pain management interventional techniques. However, specific criteria and standards of care apply for performing these procedures. According to the ODG, the criteria for the use of therapeutic MBBs are as follows: No more than one therapeutic intra-articular block is recommended; there should be no evidence of radicular pain, spinal stenosis, or previous fusion, and if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of 6 weeks) the recommendation is to proceed to a medial branch diagnostic block (with subsequent neurotomy if the MMB is positive). In addition, no more than 2 joint levels may be blocked at any one time, and there should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, the patient has lumbar spinal stenosis which does not meet ODG recommendations for facet joint blocks. The documentation indicated that the patient did undergo a prior MBB at this level with reported 60-70% pain relief, without duration of time documented. In this case, there are also requests for MBBs at >2 joint levels, which do not meet guideline criteria. And, there was no evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. Medical necessity for the requested service has not been established. Therefore, the requested service is not medically necessary.

**Fluoroscopy Guidance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As the requested medical branch blocks have been denied, there is no indication for the use of fluoroscopy. Medical necessity for the requested service is not established. The requested service is not medically necessary.

**Conscious Sedation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As the requested medical branch blocks have been denied, there is no indication for the use of conscious sedation. Medical necessity for the requested service is not established. The requested service is not medically necessary.