

<b>Case Number:</b>	CM15-0044820		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	01/02/1996
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 66-year-old female who sustained an industrial injury on 01/02/1996. Current diagnoses include lumbago-low back pain, disc degeneration lumb/sac, and radiculitis-lumbar/thoracic. Previous treatments included medication management and previous lumbar medial branch blocks. Diagnostic studies included urine toxicology reports. Report dated 01/12/2015 noted that the injured worker presented with complaints that included ongoing lower back pain. Pain level was rated as 6 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included continuation of current medications, refilling medications, and recommendation of redoing bilateral lumbar medial branch blocks. The physician noted that the injured worker understands what she is supposed to report and see if she has success with them. The patient had received bilateral medial lumbar branch block on 10/3/13. Any operative/procedure note was not specified in the records provided. The medication list includes Oxycontin. Patient has received an unspecified number of PT visits for this injury. Per the doctor's note dated 9/9/14 patient had complaints of low back pain and physical examination revealed tenderness on palpation and limited range of motion. Per the doctor's note dated 1/12/15 patient had complaints of low back pain and physical examination revealed tenderness on palpation and limited range of motion. Per the doctor's note dated 2/9/15 patient had complaints of low back pain at 7/10 and physical examination revealed tenderness on palpation and limited range of motion. Any diagnostic imaging report was not specified in the records provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar /sacral medical branch blocks/facets:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary last updated 1/30/15.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 04/15/15) Facet joint intra-articular injections (therapeutic).

**Decision rationale:** Request: Lumbar /sacral medical branch blocks/facets ACOEM/MTUS guideline does not specifically address this issue; Hence ODG used. Per the ODG low back guidelines medial branch blocks are "Under study." Criteria for use of therapeutic intra-articular and medial branch blocks are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. The records provided did not have evidence of a formal plan of rehabilitation in addition to facet joint therapy. Current diagnoses include lumbago-low back pain, disc degeneration lumb/sac, and radiculitis-lumbar/thoracic. Therefore, the diagnosis includes radiculitis. Per the cited guidelines, Facet injection is not recommended in a patient with evidence of radicular pain. Previous treatments included medication management and previous lumbar medial branch blocks. The patient had received bilateral medial lumbar branch block on 10/3/13 any operative/procedure note was not specified in the records provided. The detailed response of the previous bilateral medial lumbar branch block on 10/3/13 was not specified in the records provided. Response to prior rehabilitation therapy including PT and pharmacotherapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Lumbar /sacral medical branch blocks/facets is not fully established in this patient. Therefore, the request is not medically necessary.