

<b>Case Number:</b>	CM15-0052328		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	07/16/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This 48 year old male sustained an industrial injury to the low back on 7/16/13. Previous treatment included magnetic resonance imaging, epidural steroid injections (6/27/14 and 10/24/14), physical therapy, facet injection (12/10/14) and medications. In an orthopedic evaluation dated 1/7/15, the physician noted that the injured worker had a few days of back pain relief following epidural steroid injections but no improvement in leg pain. Once the epidural steroid injections wore off, the injured worker had spasms like he had experienced at the time of the original injury that took a week to resolve. The injured worker reported four days of back and leg pain relief following facet injection. In a worker's compensation follow-up visit dated 2/18/15, the injured worker complained of ongoing left low back pain with radiation to the left thigh, rated 6/10 on the visual analog scale. Current diagnoses included lumbar radiculopathy versus meralgia paresthetica. The treatment plan included medial branch blocks of left L3-L4 and L4-L5 facets to determine whether the injured worker would be a good candidate for radiofrequency ablation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial Branch Blocks of Left (lumbar) L3-L4 and L4-L5 facets (fluoroscopy, moderate sedation): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint intra-articular injections (therapeutic blocks) and Other Medical Treatment Guidelines Up to Date, Subacute and chronic low back pain: Nonsurgical interventional treatment.

**Decision rationale:** MTUS is silent regarding medial branch therapeutic blocks. ODG recommends 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. ACOEM does not recommend Diagnostic Blocks. Similarly, Up to Date states "Facet joint injection and medial branch block glucocorticoid injections into the facet joint have not been shown to be effective in the treatment of low back pain. A 2009 American Pain Society guideline recommends against their use. This patient underwent previous facet joint injection on 12/10/2014, which medical documentation provided indicates provided 100% relief for 1 week. Guidelines recommend repeat blocks when a patient receives 50% pain relief for at least 6 weeks. This does not appear to have been met by this patient. As such, the request for Medial Branch Blocks of Left (lumbar) L3-L4 and L4-L5 facets (fluoroscopy, moderate sedation) is not medically necessary at this time.