

<b>Case Number:</b>	CM15-0055027		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	06/02/2000
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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 59 year old female, who sustained a work/ industrial injury on 6/2/00. She has reported initial symptoms of pain to shoulders, knees, left elbow, ankle foot, bilateral hips. The injured worker was diagnosed as having enthesopathy of the left hip, sciatica, lumbago, displacement of cervical intervertebral disc, reflex sympathetic dystrophy of the upper and lower limb, thoracic/lumbosacral neuritis/radiculitis and lumbosacral spondylosis without myopathy. Treatments to date included medication, conservative care to include physical therapy and acupuncture, surgery: bilateral shoulder surgery 2000, 2003, lumbar facet injection L3-5 left blocks, cervical epidural steroid injection at C4-7 on 7/2013, transforaminal epidural left L3-4, and L4-5 on 9/17/13, caudal epidural steroid injection on 1/6/14, and lumbar facet injection L3 medial branch block bilaterally, lumbar facet injection L4 medial branch block bilaterally, lumbar facet injection L5 dorsal ramus branch on 2/2/15, and left hip replacement. Magnetic Resonance Imaging (MRI) was performed on 4/8/13. Currently, the injured worker reported pain in the right knee and continued low back pain reported as 3/10 with medication and 10/10 without medication. The treating physician's report (PR-2) from 2/2/15 indicated the cervical exam notes positive Spurling maneuver; lumbar exam noted pain with external and internal rotation of the right hip greater than left hip, tender to palpation to paraspinals, positive straight leg raise (SLR), antalgic and weak gait, posture was decompensated in the sagittal plane, with decreased sensation at C3-6 and L3 and absent at left L4-S1. Treatment plan included Second Right Medial Branch Block at L3 under fluoroscopic guidance, Second Left Medial Branch Block at L3 under fluoroscopic guidance, Second Right Medial Branch Block at L4 under

fluoroscopic guidance, Second Left Medial Branch Block at L4 under fluoroscopic guidance, Second Right Medial Branch Block at L5 under fluoroscopic guidance, Second Left Medial Branch Block at L5 under fluoroscopic guidance.

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

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

#### **Second Right Medial Branch Block at L3 under fluoroscopic guidance: 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), Low Back - Lumbar & Thoracic (Acute & Chronic), Facet Joint medial branch blocks (therapeutic injections); Diagnostic blocks; Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MBBs.

**Decision rationale:** Medial branch blocks (MBBs) and radiofrequency ablations (RFA) 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: 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 6 weeks) the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the MBB is positive). 4. No more than 2 joint levels may be blocked at any one time. In this case, the patient has lumbar radicular syndrome, which does not meet the ODG recommendation for facet joint blocks or to be subsequently followed by facet joint rhizotomy. 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. The documentation indicated that the patient did undergo a prior MBB at this level (2/2/15) with reported 50-80% pain relief, however, no documentation of duration of 6 weeks. There are also requests for MBBs at >2 joint levels, which do not meet guideline criteria. Medical necessity for the requested service has not been established. Therefore, the requested service is not medically necessary.

#### **Second Left Medial Branch Block at L3 under fluoroscopic guidance: 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), Low Back - Lumbar & Thoracic (Acute & Chronic), Facet Joint medial branch blocks (therapeutic injections); Diagnostic blocks; Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MBBs.

**Decision rationale:** Medial branch blocks (MBBs) and radiofrequency ablations (RFA) 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: 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 6 weeks) the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the MBB is positive). 4. No more than 2 joint levels may be blocked at any one time. In this case, the patient has lumbar radicular syndrome, which does not meet the ODG recommendation for facet joint blocks or to be subsequently followed by facet joint rhizotomy. 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. The documentation indicated that the patient did undergo a prior MBB at this level (2/2/15) with reported 50-80% pain relief, however, no documentation of duration of 6 weeks. There are also requests for MBBs at >2 joint levels, which do not meet guideline criteria. Medical necessity for the requested service has not been established. Therefore, the requested service is not medically necessary.

**Second Right Medial Branch Block at L4 under fluoroscopic guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Facet Joint medial branch blocks (therapeutic injections); Diagnostic blocks; Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MBBs.

**Decision rationale:** Medial branch blocks (MBBs) and radiofrequency ablations (RFA) 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: 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 6 weeks) the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the MBB is positive). 4. No more than 2 joint levels may be blocked at any one time. In this case, the patient has lumbar radicular syndrome, which does not meet the ODG recommendation for facet joint blocks or to be subsequently followed by facet joint rhizotomy. 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. The documentation indicated that the patient did undergo a prior MBB at this level (2/2/15) with reported 50-80% pain relief, however, no documentation of duration of 6 weeks. There are also requests for MBBs at >2 joint levels, which do not meet guideline criteria. Medical necessity for

the requested service has not been established. Therefore, the requested service is not medically necessary.

**Second Left Medial Branch Block at L4 under fluoroscopic guidance: 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), Low Back - Lumbar & Thoracic (Acute & Chronic), Facet Joint medial branch blocks (therapeutic injections); Diagnostic blocks; Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MBBs.

**Decision rationale:** Medial branch blocks (MBBs) and radiofrequency ablations (RFA) 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: 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 6 weeks) the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the MBB is positive). 4. No more than 2 joint levels may be blocked at any one time. In this case, the patient has lumbar radicular syndrome, which does not meet the ODG recommendation for facet joint blocks or to be subsequently followed by facet joint rhizotomy. 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. The documentation indicated that the patient did undergo a prior MBB at this level (2/2/15) with reported 50-80% pain relief, however, no documentation of duration of 6 weeks. There are also requests for MBBs at >2 joint levels, which do not meet guideline criteria. Medical necessity for the requested service has not been established. Therefore, the requested service is not medically necessary.

**Second Right Medial Branch Block at L5 under fluoroscopic guidance: 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), Low Back - Lumbar & Thoracic (Acute & Chronic), Facet Joint medial branch blocks (therapeutic injections); Diagnostic blocks; Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MBBs.

**Decision rationale:** Medial branch blocks (MBBs) and radiofrequency ablations (RFA) 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: 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 6 weeks) the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the MBB is positive). 4. No more than 2 joint levels may be blocked at any one time. In this case, the patient has lumbar radicular syndrome, which does not meet the ODG recommendation for facet joint blocks or to be subsequently followed by facet joint rhizotomy. 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. The documentation indicated that the patient did undergo a prior MBB at this level (2/2/15) with reported 50-80% pain relief, however, no documentation of duration of 6 weeks. There are also requests for MBBs at >2 joint levels, which do not meet guideline criteria. Medical necessity for the requested service has not been established. Therefore, the requested service is not medically necessary.

### **Second Left Medial Branch Block at L5 under fluoroscopic guidance: 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), Low Back - Lumbar & Thoracic (Acute & Chronic), Facet Joint medial branch blocks (therapeutic injections); Diagnostic blocks; Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MBBs.

**Decision rationale:** Medial branch blocks (MBBs) and radiofrequency ablations (RFA) 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: 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 6 weeks) the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the MBB is positive). 4. No more than 2 joint levels may be blocked at any one time. In this case, the patient has lumbar radicular syndrome, which does not meet the ODG recommendation for facet joint blocks or to be subsequently followed by facet joint rhizotomy. 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. The documentation indicated that the patient did undergo a prior MBB at this level (2/2/15) with reported 50-80% pain relief, however, no documentation of duration of 6 weeks. There are also requests for MBBs at >2 joint levels, which do not meet guideline criteria. Medical necessity for the requested service has not been established. Therefore, the requested service is not medically necessary.