

<b>Case Number:</b>	CM15-0055503		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	03/22/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/24/2015
<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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50 year old male, who sustained an industrial injury on 3/22/12. He reported bilateral knee injury with loss of consciousness. The injured worker was diagnosed as having medial posterior horn tear of left knee, L4-S1 moderately severe disc degeneration, L3-S1 facet arthropathy, anterior cruciate ligament tear of the left knee, perineural cyst C6-7, T2-3 and T6-7 disc bulge, spondylosis T9-10 with signal change endplate of T9, left shoulder arthritis, labral tear of the left shoulder, C5-6 degenerative disc disease with facet arthropathy, cognitive dysfunction post head injury, right knee degenerative joint disease, depression/anxiety, left leg radiculopathy and L4-5 small bulge and L5-S1 disc bulge with left S1 impingement. Treatment to date has included medial branch blocks, pain management, acupuncture, aquatic therapy and oral medications including narcotics. Currently, the injured worker complains of ongoing neck pain associated headaches with radiation down bilateral shoulders and mid scapular region; low back pain and bilateral knee pain. Upon physical exam, tenderness is noted over the intrascapular space of cervical region and over cervical paravertebral muscles; tenderness is noted on palpation over the lumbar paravertebral with decreased sensation and range of motion. The treatment plan included repeat medial branch blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat diagnostic medial branch blocks at L4-S1: Upheld**

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

**Decision rationale:** Based on the 01/20/15 progress report provided by treating physician, the patient presents with low back pain rated 9/10. The request is for REPEAT DIAGNOSTIC MEDIAL BRANCH BLOCKS AT L4-S1. Patient's diagnosis per Request for Authorization form dated 01/20/15 includes L4-S1 moderate severe disc degeneration, L3-S1 facet arthropathy, L4-5 small bulge and L5-S1 impingement, and left leg radiculopathy. Physical examination to the lumbar spine on 01/20/15 revealed tenderness to palpation to the paravertebral muscles overlying the facets at L4-S1, and decreased range of motion, especially on flexion 34 degrees. Sensation to left L3 and L4 dermatome distribution was decreased. Negative straight leg raise test. Positive facet loading test. Patient medications include Norco, Anaprox, Prilosec, Prozac, Restoril and Lidoderm patch. Patient is temporarily totally disabled, per treater report dated 01/20/15. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections) Section states: "For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally." "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 at least 6 weeks), the recommendation is to proceed to medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. (Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level) Franklin, 2008. Per progress report dated 01/20/15, treater states "the patient continues to suffer daily and constant axial back pain facetogenic in nature. On physical examination the patient has tenderness overly the facets, with painful limited range of motion and positive facet loading." In this case, treater has discussed facet joint pain for which a medial branch block would be indicated. It appears the patient had medial branch block done before, but there is no discussion of when the procedure was performed, nor discussion of results. Nonetheless, guidelines do not support therapeutic facet joint injections, and recommendation is to proceed to "subsequent neurotomy (if the medial branch block is positive)." Furthermore, the patient has a diagnosis of radiculopathy. Facet joint evaluations or treatments are not recommended when radicular or neurologic findings are present. The request is not in accordance with ODG indications. Therefore, the request IS NOT medically necessary.