

<b>Case Number:</b>	CM15-0058913		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	06/20/2005
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 reported an injury on 06/20/2005. The mechanism of injury was the injured worker lost control of a vehicle she was driving when the tire blew and the vehicle struck a tree. Prior treatments included a right sacroiliac joint injection, sacroiliac joint arthrogram and arthrography under fluoroscopic guidance and conscious sedation on 12/11/2014. The surgical history was stated to be noncontributory. The documentation of 02/06/2015 revealed the injured worker had bilateral low back pain, right worse than left, radiating to the buttocks. The injured worker had left ankle pain with numbness and paresthesia. The injured worker indicated she would like her low back pain treated. The medications included Norco 10/325mg every 6 hours, trazodone 50mg at bedtime, Pantoprazole 40mg and lisinopril hydrochlorothiazide. The physical examination revealed tenderness to palpation in the lumbar paraspinal muscles over the bilateral L4-5 and L5-S1 facet joints and right sacroiliac joint sulcus. Lumbar range of motion was restricted in all directions and lumbar flexion was worse than lumbar extension. The remainder of the visit was unchanged. The diagnoses included lumbar facet joint pain L4-5, L5-S1 and lumbar facet joint arthropathy. The treatment plan included a fluoroscopically guided diagnostic bilateral L4-5 and bilateral L5-S1 facet joint medial branch block to evaluate for the presence of lumbar facet joint pain as the reason for the injured worker's bilateral low back pain symptoms. The injured worker was noted to have failed physical therapy, NSAIDs and conservative treatment and if the medial branch was positive, there would be a recommendation for lumbar facet joint radiofrequency nerve ablation (neurotomy/rhizotomy). The injured worker was to follow-up 2 weeks after the injection to reassess the clinical progress.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Bilateral L4-L4 Facet Joint Medial Branch Block: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 309. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 Chapter, Facet joint diagnostic blocks (injections) Facet joint medial branch blocks (therapeutic injections), Facet Joint Pain, Signs & Symptoms.

**Decision rationale:** The American College of Occupational and Environmental Medicine Guidelines indicate that a facet neurotomy (Rhizotomy) should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As the American College of Occupational and Environmental Medicine does not address specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate that a medial branch block is not recommended except as a diagnostic tool. Minimal evidence for treatment. the criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 to 6 weeks and no more than 2 facet joint levels should be injected in 1 session. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally and they recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered under study). The clinical documentation submitted for review failed to provide documentation of the absence of radicular findings and normal sensory examination. There was documentation of a failure of conservative care and documentation of tenderness to palpation in the paravertebral area. The results of the straight leg raise were not provided for review. The request as submitted was for the level of L4-L4, however, it was noted to be at the level of L4-L5. This was not a reason for denial. Given the above and the lack of documentation, the request for Bilateral L4-L4 facet joint medial branch block is not medically necessary.

### **Bilateral L5-S1 Facet Joint Medial Branch Block: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 309. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 Chapter, Facet joint diagnostic blocks (injections) Facet joint medial branch blocks (therapeutic injections), Facet Joint Pain, Signs & Symptoms.

**Decision rationale:** The American College of Occupational and Environmental Medicine Guidelines indicate that a facet neurotomy (Rhizotomy) should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As the American College of Occupational and Environmental Medicine does not address specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate that a medial branch block is not recommended except as a diagnostic tool. Minimal evidence for treatment. the criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 to 6 weeks and no more than 2 facet joint levels should be injected in 1 session. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally and they recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered under study). The clinical documentation submitted for review failed to provide documentation of the absence of radicular findings and normal sensory examination. There was documentation of a failure of conservative care and documentation of tenderness to palpation in the paravertebral area. The results of the straight leg raise were not provided for review. Given the above and the lack of documentation, the request for Bilateral L5-S1 facet joint medial branch block is not medically necessary.

**Fluoroscopy:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Office Visit: Follow-Up in 2 weeks Post Procedure:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.