

<b>Case Number:</b>	CM15-0062606		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	06/29/2004
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: 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 58 year old male who sustained an industrial injury on 6/29/04. The diagnoses have included lumbar radiculopathy, bilateral lumbar facet pain. Treatment to date has included medications, diagnostics, surgery and injections. Surgery has included lumbar fusion and laminectomy. The Magnetic Resonance Imaging (MRI) of the lumbar spine was done on 6/10/14. Computerized axial tomography (CT scan) scan of the lumbar spine was performed on 1/6/16. The x-rays of the lumbar spine were done on 11/3/14. The current medications included OxyContin, Soma and Hydrocodone. Currently, as per the physician progress note dated 3/5/15, the injured worker complains of bilateral low back pain with radiation to the hip and buttocks and down the left leg not passed the knee. Physical exam revealed that gait favors the left leg, pain with range of motion of the lumbar spine, and tenderness over the lumbar facet joints bilaterally. The physician requested treatments included bilateral lumbar medial branch blocks at L4-5 x 2, bilateral lumbar medial branch blocks at L5-S1 x 2 and IV sedation for branch blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral lumbar medial branch blocks at L4-5 x 2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back Complaints Section: Facet Joint Intra-Articular Injections (Therapeutic Block).

**Decision rationale:** The Official Disability Guidelines comment on the use of lumbar medial branch blocks as a treatment modality. These guidelines state that the current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (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). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. In spite of the overwhelming lack of evidence for the long-term effectiveness of intra-articular steroid facet joint injections, this remains a popular treatment modality. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are not currently recommended as a treatment modality in most evidence-based reviews as their benefit remains controversial. The therapeutic facet joint injections described here are injections of a steroid (combined with an anesthetic agent) into the facet joint under fluoroscopic guidance to provide temporary pain relief. 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. In this case, in the Utilization Review process, the rationale in support of one lumbar medial branch block at L4-5 was supported; however, the second injection was not indicated; per the above cited guidelines. The above cited Official Disability Guidelines indicate that the criteria state that no more than one therapeutic block is recommended. For this reason, bilateral lumbar medial branch blocks at L4-5 X 2 is not medically necessary.

**Bilateral lumbar medial branch blocks at L5-S1 x 2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back Complaints Section: Facet Joint Intra-Articular Injections (Therapeutic Block).

**Decision rationale:** The Official Disability Guidelines comment on the use of lumbar medial branch blocks as a treatment modality. These guidelines state that the current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (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). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. In spite of the overwhelming lack of evidence for the long-term effectiveness of intra-articular steroid facet joint injections, this remains a popular treatment modality. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are not currently recommended as a treatment modality in most evidence-based reviews as their benefit remains controversial. The therapeutic facet joint injections described here are injections of a steroid (combined with an anesthetic agent) into the facet joint under fluoroscopic guidance to provide temporary pain relief. 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. In this case, in the Utilization Review process, the rationale in support of one lumbar medial branch block at L5-S1 was supported; however, the second injection was not indicated; per the above cited guidelines. The above cited Official Disability Guidelines indicate that the criteria state that no more than one therapeutic block is recommended. For this reason, bilateral lumbar medial branch blocks at L5-S1 X 2 is not medically necessary.

**IV sedation for branch blocks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back Complaints Section: Facet Joint Medial Branch Blocks (Therapeutic Block).

**Decision rationale:** The Official Disability Guidelines comment on the technique used for a medial branch block. These guidelines indicate that in the procedure patients either received a local anesthetic or a local anesthetic with methyl prednisolone. There is no description in these guidelines as to the medical necessity in providing IV sedation for a branch block. The medical records available for review do not provide justification for the medical necessity of IV sedation to be used as an adjunct to a local anesthetic. For this reason, IV sedation is not medically necessary for a medial branch block.