

<b>Case Number:</b>	CM15-0086473		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	02/26/2005
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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 28-year-old male, who sustained an industrial injury on 02/26/2005. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having axial low back pain. Treatment to date has included magnetic resonance imaging of the lumbar spine, laboratory studies, status post vertical sleeve gastrectomy, neurosurgery evaluation, previous back injections, and medication regimen. Progress note from 01/12/2015 indicated a magnetic resonance imaging of the lumbar spine with the date of study unknown that was revealing for central lumbar four to five disc herniation along with multilevel facet arthropathy. In a progress note dated 01/12/2015 the treating physician reports complaints of pain to the low back with tenderness. The treating physician also noted that the injured worker is working a forty-hour workweek. In a history and physical dated 02/24/2015, the treating specialist noted severe pain on back extension and recommends medial branch blocks and possibly rhizotomy. The treating specialist requested facet protocol medial branch block rhizotomy noting that this treatment is strongly recommended to assist with the reduction of the amount of axial back pain to allow the injured worker to continue exercising to continue to lose weight and to continue working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet protocol medial branch block rhizotomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute and Chronic) Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic blocks injections.

**Decision rationale:** This patient presents with low axial low back pain. The current request is for FACET PROTOCOL MEDICAL BRANCH BLOCK RHIZOTOMY. The Request for Authorization is not provided in the medical file. Treatment to date has included magnetic resonance imaging of the lumbar spine, laboratory studies, status post vertical sleeve gastrectomy, neurosurgery evaluation, back injections, physical therapy and medication regimen. The patient is currently working full time. 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" The medical file provided for review includes progress reports 01/12/15 and 02/24/15 and a UDS from 01/20/15. Report 02/24/15 stated that an "older MRI scan suggested moderate facet arthropathy without significant canal foraminal narrowing and certainly an absence of leg pain." Examination of the lumbar spine revealed the patient is able to toe-heel walk, there is severe pain with extension, and there is a slight forward leaning posture. All other examination findings were within normal limits. The treating physician suggested "that we do a facet protocol which would require medical branch blocks and possibly rhizotomy per his insurance company's protocol." The goal was to reduce his axial pain so he can continue to work and exercise. The medical file provided does not indicate that this patient has undergone any lumbar medial blocks to date. There is no evidence that this patient has undergone any lumbar fusions either. Given the patient's non-radicular low back pain and MRI findings, a medial branch block appears within guidelines; however, there is no RFA provided and the medical reports do not specify the levels that are to be injected. For medical branch blocks, an open-ended request for injections without specifying the levels cannot be supported, as ODG specifically states, "no more than two levels bilaterally" are to be injected at one time. Furthermore, the request is for "rhizotomy," an RF ablation treatment which does not come until successful diagnostic injections have been performed. The current request IS NOT medically necessary.