

<b>Case Number:</b>	CM14-0132858		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	02/27/2007
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 61-year-old male who reported an injury on 02/27/2007. The mechanism of injury was not provided. The injured worker's diagnoses included obesity, facet arthropathy, and disc herniation. The injured worker's past treatments included medications. The injured worker's diagnostic testing and surgical history was not provided. On the clinical note dated 06/16/2014, the injured worker complained of low back pain with radiating pain going down the left leg. The injured worker rated his pain as 5/10. The injured worker had pain to palpation over the paraspinal muscles on the left at L3-4, L4-5, and SI joint. The injured worker had range of motion with forward flexion at 60 degrees, extension at 10 degrees, left lateral flexion at 20 degrees, and left lateral rotation at 35 degrees. The injured worker had negative straight leg raise test. The injured worker had motor strength to the lower extremities of 5/5. The medical records indicated sensation was intact to all dermatomes in the bilateral lower extremities. The injured worker's medications included Skelaxin twice a day and Norco 3 to 4 times a day; the dosage was not provided. The request was for left medial branch nerve block at L3-4, L4-5, and L5-S1. The rationale for the request was not provided. The request for authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Medial Branch Nerve Block L3 - L4, L4 - L5 and L5 - S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines web 2012 "low back " - 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), LOW BACK, FACET JOINT MEDIAL BRANCH BLOCKS.

**Decision rationale:** The injured worker is diagnosed with obesity, facet arthropathy, and disc herniation. The injured worker complained of lower back pain with radiating pain going down the left leg rated 5/10. The Official Disability Guidelines recommend no more than 1 set of medial branch diagnostic blocks prior to facet neurotomy. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Clinical presentation should be consistent with facet joint pain, signs, and symptoms. The guidelines recommend limitation to patients with low back pain that is nonradicular and at no more than 2 levels bilaterally. The guidelines require documentation of failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. No more than 2 facet joint levels are to be injected in 1. The patient should document pain relief with an instrument such as a VAS, emphasizing the importance of regarding the maximum pain relief and maximum duration of pain. Diagnostic facet blocks should not be performed on patients in whom a surgical procedure is anticipated. Diagnostic facet blocks should not be performed on patients who have had a previous fusion procedure at the planned injection level. The injured worker indicated his pain was in his lower back with radiating pain going down the left leg. The medical records lacked documentation of failure of conservative treatment. Additionally, the medical records lacked the results of imaging studies to corroborate the necessity of the dorsum of the left medial branch nerve block. The request is for 3 levels to be injected and the guidelines recommend only 2 levels. As such, the request for left medial branch nerve block L3-L4, L4-5, and L5-S1 is not medically necessary.