

<b>Case Number:</b>	CM14-0137739		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/15/2010
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

This 43 year-old patient sustained an injury on 7/15/10 while employed by [REDACTED]. Request(s) under consideration include Lumbar medial branch nerve block L3-5 bilaterally under fluoroscopy and anesthesia. Panel QME report of 1/6/12 had diagnoses of cervical HNP with radiculopathy; thoracic spine with healed compression fractures; lumbar spine musculoligamentous sprain/strain; right knee musculoligamentous sprain/strain rule out osteochondral defect. MRI of lumbar spine daetd 5/6/14 showed bilateral facet osteoarthritis at L5-S1 associated with facet effusion; multilevel degenerative disease. Report of 8/4/14 from the provider noted the patient with ongoing neck and back pain rated at 8/10; Norco has not helped. Exam showed pain on palpation of lumbar facets at L3-S1; positive trigger points in paraspinous muscles; positive straight leg raise on right; limited range from pain; neurologically intact. Diagnoses included lumbar radiculopathy; muscle spasm; lumbosacral sprain/strain/spondylosis; knee/lower leg degenerative joint disease. It was noted the patient underwent previous epidural steroid injections with 70% relief for 5 months. Treatment include 3 level lumbar medial branch blocks. Report of The request(s) for Lumbar medial branch nerve block L3-5 bilaterally under fluoroscopy and anesthesia was non-certified on 8/13/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar medial branch nerve block L3-5 bilaterally under fluoroscopy and anesthesia:**  
Upheld

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

**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, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418: Not recommended except as a diagnostic tool. Therapeutic facet joint injections are not recommended for acute, subacute, or chronic LBP or for any radicular pain syndrome.

**Decision rationale:** Diagnoses included lumbar radiculopathy with noted pain relief from previous LESI. MRI has only identified facet arthritis at L5-S1 yet request in question is for multilevel level nerve block at L3-5. Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. Additionally, facet blocks are not recommended in patient who may exhibit radicular symptoms as in this injured worker with diagnoses of lumbar radiculopathy, positive clinical findings of SLR, and having attained relief from LESI. Additionally, facet blocks are not recommended without defined imaging correlation not demonstrated here nor are they recommended over multi joint levels concurrently as requested here. Submitted reports have not demonstrated support outside guidelines criteria. The Lumbar medial branch nerve block L3-5 bilaterally under fluoroscopy and anesthesia are not medically necessary and appropriate.