

<b>Case Number:</b>	CM14-0147768		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	10/12/2009
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Family Practice, and is licensed to practice in Texas & Mississippi. 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 injuries when a stack of boxes fell on him on 10/12/2009. On 08/27/2014, his diagnoses included cervicalgia, cervical radiculopathy, lumbago, lumbar facet dysfunction, anxiety, depression, shoulder impingement, axillary pain, hernia, sleep apnea, medial/lateral epicondylitis, carpal tunnel syndrome versus ulnar neuropathy, and gastritis. His complaints included continuing neck and back pain. He stated that the pain had not changed since his last visit and that his medications continued to provide adequate relief. The treatment plan noted that the recommendation for a lumbar facet medial branch block at bilateral L3, L4, and L5 levels with fluoroscopy was because the injured worker had failed nonsurgical treatment, including therapy and oral medications, and the need for the block was to assist in avoiding lumbar surgery and to give him some relief. A Request for Authorization dated 06/04/2014 was included in the injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient lumbar facet medial branch block at bilateral L3, L4 and L5 with fluoroscopy:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Medial branch blocks

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Facet joint diagnostic blocks (injections) and radiofrequency ablations.

**Decision rationale:** The request for outpatient lumbar facet medial branch block at bilateral L3, L4, and L5 with fluoroscopy is not medically necessary. The California ACOEM guidelines recommend that invasive techniques, for example, local injections and facet joint injections of cortisone and lidocaine, are of questionable merit. Although epidural steroid injections may afford short term improvements, medial branch blocks offer no significant long term functional benefit, nor do they reduce the need for surgery. Facet neurotomies should be performed only after appropriate investigation involving medical branch diagnostic blocks. The Official Disability Guidelines do not recommend facet medial branch blocks except as a diagnostic tool, stating that no more than 1 set of medial branch diagnostic blocks be performed prior to facet neurotomy, if neurotomy is chosen as an option for treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Minimal evidence is found for treatment. The criteria for the use of diagnostic blocks for facet mediated pain include 1 set of diagnostic medial branch blocks is required with a response greater than or equal to 70%. The pain response should last for at least 2 hours. Blocks are limited to injured workers with low back pain that is nonradicular at no more than 2 levels bilaterally. There should be documentation of failure of conservative treatment, including home exercises, physical therapy, and NSAIDs, prior to the treatment for at least 4 to 6 weeks. No more than 2 facet joint levels are injected in 1 session. The request did not include a facet neurotomy after the medial branch block. The requested block is at 3 levels which exceeds the recommendations in the guidelines. The clinical information submitted failed to meet to evidence based guidelines for medial branch block. Therefore, this request for outpatient lumbar facet medial branch block at bilateral L3, L4, and L5 with fluoroscopy is not medically necessary.