

<b>Case Number:</b>	CM14-0151824		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	10/10/1994
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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:

The injured worker is a 63-year-old male who reported an injury on 10/10/1994 caused by an unspecified mechanism. The injured worker's treatment history included MRI studies, CT scans of the lumbar spine, medications, and surgery. The injured worker had undergone a CT of the lumbar spine on 03/26/2012 that revealed disc bulges at L2-3 and L3-4. The study also showed a prior L4-5 laminectomy and L5-S1 anterior interbody cage placement. The injured worker was evaluated on 08/26/2014 and it was documented the injured worker complained of worsening lower back pain. The injured worker rated his lower back pain at 6/10 to 9/10 with medication. The injured worker also had neck pain rated 5/10 to 6/10 with medication. Physical examination revealed myofascial trigger points were present in the iliac and upper gluteus. Range of motion was noted to be restricted in flexion by 50% and extension by 20%. Cervical range of motion was also noted to be decreased in the right and left rotation by 50%. Medications included Soma, Opana, Zoloft, Doxepin, Norco, Lunesta, Zanaflex, Lidoderm, Arimidex, and Neurontin. Diagnoses included post lumbar surgeries, constipation due to opioids, sleep and mood impairment, myofascial lower back pain, C3-4 disc protrusion, incisional hernia, hypogonadism, and right sided radiculopathy. Request for Authorization dated 08/26/2014 was for medial branch blocks at L4-5 and LS-51 bilateral.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial branch blocks L4-5 and LS-51 bilateral:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet joint diagnostic blocks (injections)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic (Acute & Chronic) Facet joint medial branch blocks (therapeutic injections).

**Decision rationale:** The requested is not medically necessary. According to the California MTUS/ACOEM Guidelines, invasive techniques have no proven benefit in treating acute low back symptoms. The Official Disability Guidelines does not recommend medial branch blocks except as a diagnostic tool. Minimal evidence for treatment. Pain Physician 2005: In 2005 Pain Physician published an article that stated that there was moderate evidence for the use of lumbar medial branch blocks for the treatment of chronic lumbar spinal pain. This was supported by one study. Patients either received a local anesthetic or a local anesthetic with methyl prednisolone. All blocks included Sarapin. Sixty percent of the patients overall underwent seven or more procedures over the 2 year study period (8.4 0.31 over 13 to 32 months). There were more procedures recorded for the group that received corticosteroids that those that did not (301 vs. 210, respectively). ["Moderate evidence" is a definition of the quality of evidence to support a treatment outcome according to Pain Physician.] The average relief per procedure was 11.9 3.7 weeks. More specifically, the Official Disability Guidelines recommends documented conservative care including home exercise, physical therapy and medications, prior to procedure for 4-6 weeks. Furthermore the guidelines indicate using a log to record activity to support subjective finding for medication use. The log should include the maximum pain relief, maximum pain duration and better pain control using the VAS pain scale. The documentation provided on 08/26/2014 had lack of evidence of conservative care such pain management / physical therapy and the outcome the home exercise regimen. The documentation submitted identifies the injured worker to have a history of lumbar fusion at L5-S1 with cage placement. As such, the request for Medial branch blocks L4-5 and LS-51 bilateral is not medically necessary.