

<b>Case Number:</b>	CM14-0162639		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	01/13/1995
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 54-year-old male who sustained an injury on 1/13/95. As per the 9/3/14 report, he presented with aching low back pain rated at 4-5/10. He had numbness and tingling in the right upper thigh radiating into the left leg occasionally. Exam revealed tenderness to palpation over the bilateral L4-5 and L5-S1 facet region and severely decreased extension at lumbar spine, 2 degrees limited by pain. There was mildly decreased sensation in the right mid-calf region. Lumbar spine MRI dated 7/17/14 revealed multilevel spondylosis, facet arthropathy, and widespread neural foraminal narrowing with moderate severity at L4-5 and involving the entrance zone on the left at L3-4 and small-disc spur complex right of midline at T12-L1 appears to encroach on sub-articular gutter. Although there was indication of neural foraminal stenosis on MR imaging, the Electrodiagnostic study dated 6/18/14 did not reveal lumbar radiculopathy. He is currently on Naproxen, tramadol, Prilosec and Lidoderm topical cream. He has confirmed facet arthropathy over the L3-4, L4-5 and L5-S1 levels. He failed chiropractic therapy, physical therapy, acupuncture therapy and 3 ESIs to the lumbar spine. Given the patient's persisting lower back complaints, failed attempts with conservative care, associated functional limitations and clinical presentation consistent with facet arthropathy, MBB diagnostic block bilateral L4-5 and L4-S1 levels was recommended as a diagnostic step towards Rhizotomy. Diagnoses include rule out cervical thoracic and lumbar HNP, rule out cervical and lumbar radiculopathy, and rule out cervical and thoracic myelopathy facet arthropathy. The request for 1 facet medial branch block bilateral L4-5 and L5-S1, diagnostic step towards Rhizotomy, was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 facet medial branch block bilateral L4-5 and L5-S1, diagnostic step towards rhizotomy:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), low back

**Decision rationale:** CA MTUS do not discuss the issue in dispute and hence ODG have been consulted. According to the ODG, facet joint therapeutic steroid injections are not recommended. The criteria for use of therapeutic intra-articular and medial branch blocks if used anyway : No more than one therapeutic intra-articular block is recommended; there should be no evidence of radicular pain, spinal stenosis, or previous fusion; 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 a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive); When performing therapeutic blocks, no more than 2 levels may be blocked at any one time; If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy; There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, there is clinical evidence of lumbar radiculopathy. There is imaging evidence of neuroforaminal stenosis. There are no records of physical therapy or chiropractic progress notes to demonstrate lack of improvement after trial of therapy for a reasonable period of time (i.e. at least 4-6 weeks therapy). Therefore, the request is considered not medically necessary.