

<b>Case Number:</b>	CM14-0097048		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	05/01/2002
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 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:

According to the records made available for review, this is a 58-year-old male with a 5/1/02 date of injury, and status post lumbar fusion L4-S1. At the time (6/3/14) of request for authorization for lumbar medial branch block, there is documentation of subjective (low back pain with radiating pain down the right side of back and buttocks) and objective (antalgic gait, myofascial tenderness at the lumbosacral area right-sided, facet loading L3 to L5, improved pain relief with leaning forward to about 30 degrees forward flexion, increased pain with extension of low back to standing) findings, current diagnoses (chronic pain, lumbar degenerative disc disease, lumbar radiculopathy, and failed back syndrome), and treatment to date (physical therapy, home exercise program, chiropractic, medications, and H-wave). 5/22/14 request form identifies a request for medial branch block at bilateral L2, L3, L4 and L5. There is no documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, and that no more than 2 joint levels are to be injected in one session.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Medial Branch Block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**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, Medial Branch Blocks (MBBs)

**Decision rationale:** MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. In addition, ODG identifies that diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Within the medical information available for review, there is documentation of diagnoses of chronic pain, lumbar degenerative disc disease, lumbar radiculopathy, and failed back syndrome. In addition, there is documentation of failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks. However, given documentation of a request for medial branch block at bilateral L2, L3, L4 and L5 and documentation of low back pain with radiating pain down the right side of back and buttocks and a diagnosis of lumbar radiculopathy, there is no documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, and that no more than 2 joint levels are to be injected in one session. Therefore, based on guidelines and a review of the evidence, the request for lumbar medial branch block is not medically necessary.