

<b>Case Number:</b>	CM14-0186320		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	11/30/2007
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Occupational 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 provided documents, this is a 58-year-old male with a date of injury on 11/30/2007. He was driving a heavy equipment vehicle over a dip in the surface that resulted in a compression injury of the spine and active left lumbar radiculopathy. This patient has a history of chronic low back pain with multilevel lumbar fusion, multiple previous treatments and diagnostic testing. He had previous lower back injuries on the job prior to the current date of injury. The disputed treatment request being addressed is bilateral L3, L4, and L5 medial branch blocks. This is addressed in a utilization review determination letter from 11/5/14. That letter indicated that this request was made in an RFA from 10/27/14 with a medical report of the same date. That report states that it is an expedited request for bilateral L3, L4, L5 medial branch blocks due to material change in fact which is the patient's getting progressively worse. The report states that the patient has persistent bilateral neuropathy, with weakness and is becoming progressively deconditioned. The report asserts that there is neuropathic pain present. Patient is taking morphine, hydrocodone gabapentin and topical lidocaine. Subjective complaints were bilateral lower extremity numbness, tingling and neuropathic pain in both feet. The objective findings noted a healed lumbar scar, lumbar tenderness, and reduced range of motion. There was no mention of reflexes, motor or sensory testing. There is no mention of any tenderness over the facet joints or any positive facet loading or other positive provocative facet findings. Diagnoses were lumbar sprain status post lumbar fusion surgery 2008 lower lumbar 3 levels; Old lumbar laminectomy 1998; epidural abscess with MRSA(methicillin-resistant staph aureus) meningitis status post spinal cord stimulator trial for chronic pain; chronic pain; systemic infection; right upper extremity deep vein thrombosis; deep vein thrombosis with pulmonary embolus right lower extremity; peripheral neuropathy. In the PLAN the report states that medial branch blocks are supported by ODG. Patient is disability retired/ off of work.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3,L4, L5 medical branch blocks:** 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): 300-301 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back; facet joint injections (diagnostic)

**Decision rationale:** TThe requesting report does not specifically state that these are intended to be diagnostic blocks but neither ACOEM guidelines nor ODG support therapeutic facet joint injections at all. For purposes of this review, it will be presumed that the request is for diagnostic blocks. MTUS chronic pain guidelines are silent on medial branch blocks. ACOEM guidelines simply state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG goes into more detail regarding the criteria for medial branch blocks. Those criteria are quite clear that this procedure is limited to patients whose low back pain is non-radicular. The clinical presentation should be consistent with facet joint pain, signs and symptoms. The requesting report makes it quite clear that this patient is suffering from radicular pain and a radiculopathy and there is no inclusion of any signs or symptoms of facet joint pain. No rationale is provided for treatment outside the guidelines. Therefore, based upon the evidence and the guidelines this is not considered to be medically necessary.