

<b>Case Number:</b>	CM14-0193264		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	08/16/2011
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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:

This patient is a 54 year old male, with a date of injury of 8/16/11. The listed diagnoses are: C6-7 disc degeneration, L5-S1 disc degeneration, L5-S1 facet arthropathy and Right knee contusion, resolved. According to treating physician report dated 10/24/14, the patient presents with ongoing low back pain that is rated as 4/10 on VAS with medication. Physical examination revealed normal gait, normal heel-toe and normal swing-through. There is no evidence of weakness. There is palpable tenderness of the lower spine and overlying facets approximately at the L5-S1 dermatome distribution. Dorsalis pedis, posterior tibial pulses are present. There is decreased sensory in the right L5 dermatome distribution. Range of motion is decreased in all planes. Straight leg raise is negative bilaterally. There is positive facet loading. X-ray of the lumbar spine from 7/22/14, showed severe disc space narrowing L5-S1 and L5-S1 facet arthropathy. The treatment plan is for diagnostic facet blocks at the L5-S1 level bilaterally and follows up in 4 weeks. The Utilization review denied the request on 10/27/14. Treatment reports 9/2/14 and 10/24/14 and an AME report from 3/21/13 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Medial Branch Block at L2, L3, L4, and L5: Upheld**

**Claims Administrator 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 Procedure Summary last updated 08/22/2014

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Facet joint radiofrequency neurotomy

**Decision rationale:** This patient presents with ongoing low back pain that is rated as 4/10 on VAS with medication. The current request is for Bilateral Medial Branch Block AT L2, L3, L4, and L5. The Utilization review letter dated 10/27/14 partially certified the request to authorize a left medial branch block at L4 and L5 stating that there is no report of increased pain upon extension and right lateral bending to support the right MBB. ACOEM Guidelines do discuss facet joint syndrome but does not support facet joint injections. ODG allows for facet diagnostic evaluation of facet joints but not therapeutic injection of the facet joints. Evaluation of facet joints is recommended when radicular symptoms are not present. ODG states RF ablation is under study, and there are conflicting evidence available as to the efficacy of its procedure and approval of treatment should be made on a case-by-case basis. In this case, the patient presents with facet arthropathy, with no evidence of radiculopathy. A medial branch block may be considered; however, the treating physical is requesting 4 level DMB blocks which covers 3 facet joint levels, and ODG does not recommend more than 2 levels to be performed at 1 time. This request is not medically necessary.