

<b>Case Number:</b>	CM14-0210341		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 40 year old employee with date of injury of 4/1/13. Medical records indicate the patient is undergoing treatment for neck pain with cervical radiculopathy; cervical spondylosis; cervical DJD and DDD; cervical stenosis; lumbar facet arthropathy and lumbar radiculitis. She is s/p cervical epidurogram; C7-T1 cervical epidural steroid injection on 4/30/14. Subjective complaints include constant neck pain that radiates down the bilateral upper extremity. Her pain radiates bilaterally down to shoulder and hands. Pain is accompanied by tingling constantly in the bilateral shoulders to elbows, hands and fingers. Pain is described as burning and severe and aggravated by activity to include flexion, extension, pulling, pushing, repetitive head motions and lifting. The patient has a lot of difficulty with sleep. Her pain is a 7/10 at the worst and 5/10 at best. Her low back pain is constant and radiates down the lower right extremity. The pain is tingling in the lower right extremity to the hip, thigh, knee, foot and toes. The pain is aching, right leg weakness and moderate to severe. It is aggravated by walking, bending, sitting, standing, turn/twist, and lifting. The pain is 6/10 with medications and 7/10 without. She reports her pain has worsened. Objective findings include spinal vertebral tenderness in cervical spine, C5-7. Her range of motion in the cervical spine was greatly limited due to pain. Pain increased with flexion, extension and rotation. Sensory exam is intact to touch/pinprick in bilateral upper extremities. Exam of the lumbar spine was limited due to pain, particularly with flexion and extension. Straight leg raise was negative bilaterally. Treatment has consisted of Norco, Ambien,

Atavan, PT and Acupuncture. The utilization review determination was rendered on 11/15/14 recommending non-certification for a Bilateral L4-S1 Medial Branch Nerve Block.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Request for Bilateral L4-S1 Medial Branch Nerve Block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint intra-articular injections (therapeutic blocks); Up to Date, Subacute and chronic low back pain: Nonsurgical interventional treatment

**Decision rationale:** MTUS is silent regarding medial branch therapeutic blocks. Official Disability Guidelines recommends "Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. 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). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy." The medical records do not meet the above guidelines with the documented radicular symptoms. ACOEM "does not recommend Diagnostic Blocks". Similarly, Up to Date states "Facet joint injection and medial branch block -- Glucocorticoid injections into the facet joint have not been shown to be effective in the treatment of low back pain. A 2009 American Pain Society guideline recommends against their use." The patient has complained of right lower extremity radicular pain and weakness. Thus, the request has not met the MTUS guidelines. As such, the request for bilateral L4-S1 medial branch nerve block is not medically necessary.