

<b>Case Number:</b>	CM14-0218075		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	10/20/2011
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56 year old female injured worker suffered an industrial accident on 10/20/2011 while working she was in a motor vehicle accident resulting in immediate low back pain radiating to the neck. She had treatments of medications, physical therapy, cervical fusion on 7/24/2013 and lumbar fusion from 3/27/2014 and 3/31/2014. The injured worker had a QME on 9/10/2014 with findings consistent with findings from her health care providers. The provider notes on 12/4/2014 indicated the injured worker reported low back pain with pain in the gluteal region that was moderate to severe. The pain levels were 9/10 without medications and 4/10 with medications. She reported the pain worsens with stairs, extension, sitting, standing and walking. The exam revealed weakness, decreased reflexes, and numbness in the left lower extremity along with anxiety, depression and insomnia. The provider reported gait impairment, increased tenderness of the back with restricted range of motion. The diagnoses were low back pain, chronic pain syndrome, chronic depression, cervical radiculopathy and sacroiliitis. The provider recommended 3 level nerve blocks to the lumbar sacral region. The UR decision on 12/22/2014 non-certified the request based on the available information and lack of support from the guideline criteria. The medical necessity was not established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lumbosacral Medial Branch Nerve (1st Level): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation low back chapter regarding Facet joint diagnostic blocks

**Decision rationale:** The patient complains of continued low back and gluteal area pain with numbness and piercing sensation. The current request is for Lumbosacral medial branch nerve (1st level).ACOEM Guidelines do not discuss facet joint syndrome but does support medial branch diagnostic blocks on page 301. The ODG guidelines under the low back chapter regarding Facet joint diagnostic blocks provide more detailed discussion and allows for facet diagnostic evaluation, but not therapeutic injections for facet joints. ODG Guidelines does support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms and no more than 2 levels bilaterally are to be injected. The treating physician has made a request for the: 1st level, 2nd level, 3rd level, S1-S2, S2-S3 and S4-S5, and ODG does not recommend more than 2 levels to be performed at 1 time. This request is not medically necessary.

### **Lumbosacral Medial Branch Nerve (2nd Level): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301,Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation low back chapter regarding Facet joint diagnostic blocks

**Decision rationale:** The patient complains of continued low back and gluteal area pain with numbness and piercing sensation. The current request is for Lumbosacral medial branch nerve (2nd level).ACOEM Guidelines do not discuss facet joint syndrome but does support medial branch diagnostic blocks on page 301. The ODG guidelines under the low back chapter regarding Facet joint diagnostic blocks provide more detailed discussion and allows for facet diagnostic evaluation, but not therapeutic injections for facet joints. ODG Guidelines does support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms and no more than 2 levels bilaterally are to be injected. The treating physician has made a request for 1st level, 2nd level, 3rd level, S1-S2, S2-S3 and S4-S5, and ODG does not recommend more than 2 levels to be performed at 1 time. This request is not medically necessary.

### **Lumbosacral Medial Branch Nerve (3rd Level): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation low back chapter regarding Facet joint diagnostic blocks

**Decision rationale:** The patient complains of continued low back and gluteal area pain with numbness and piercing sensation. The current request is for Lumbosacral medial branch nerve (3rd level). ACOEM Guidelines do not discuss facet joint syndrome but does support medial branch diagnostic blocks on page 301. The ODG guidelines under the low back chapter regarding Facet joint diagnostic blocks provide more detailed discussion and allows for facet diagnostic evaluation, but not therapeutic injections for facet joints. ODG Guidelines does support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms and no more than 2 levels bilaterally are to be injected. The treating physician has made a request for 1st level, 2nd level, 3rd level, S1-S2, S2-S3 and S4-S5, and ODG does not recommend more than 2 levels to be performed at 1 time. This request is not medically necessary.

**Subsequent Level (S1-S2):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation low back chapter regarding Facet joint diagnostic blocks

**Decision rationale:** The patient complains of continued low back and gluteal area pain with numbness and piercing sensation. The current request is for Subsequent level (S1-S2). This request appears to be a request for a lumbar medial branch block, as stated in previous requests. ACOEM Guidelines do not discuss facet joint syndrome but does support medial branch diagnostic blocks on page 301. The ODG guidelines under the low back chapter regarding Facet joint diagnostic blocks provide more detailed discussion and allows for facet diagnostic evaluation, but not therapeutic injections for facet joints. ODG Guidelines does support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms and no more than 2 levels bilaterally are to be injected. The treating physician has made a request for 1st level, 2nd level, 3rd level, S1-S2, S2-S3 and S4-S5, and ODG does not recommend more than 2 levels to be performed at 1 time. This request is not medically necessary.

**Subsequent Level (S2-S3):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation low back chapter regarding Facet joint diagnostic blocks

**Decision rationale:** The patient complains of continued low back and gluteal area pain with numbness and piercing sensation. The current request is for Subsequent level (S2-S3). This request appears to be a request for a lumbar medial branch block, as stated in previous requests. ACOEM Guidelines do not discuss facet joint syndrome but does support medial branch diagnostic blocks on page 301. The ODG guidelines under the low back chapter regarding Facet joint diagnostic blocks provide more detailed discussion and allows for facet diagnostic evaluation, but not therapeutic injections for facet joints. ODG Guidelines does support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms and no more than 2 levels bilaterally are to be injected. The treating physician has made a request for 1st level, 2nd level, 3rd level, S1-S2, S2-S3 and S4-S5, and ODG does not recommend more than 2 levels to be performed at 1 time. This request is not medically necessary.

**Subsequent Level (S3-S4):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation low back chapter regarding Facet joint diagnostic blocks

**Decision rationale:** The patient complains of continued low back and gluteal area pain with numbness and piercing sensation. The current request is for Subsequent level (S3-S4). This request appears to be a request for a lumbar medial branch block, as stated in previous requests. ACOEM Guidelines do not discuss facet joint syndrome but does support medial branch diagnostic blocks on page 301. The ODG guidelines under the low back chapter regarding Facet joint diagnostic blocks provide more detailed discussion and allows for facet diagnostic evaluation, but not therapeutic injections for facet joints. ODG Guidelines does support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms and no more than 2 levels bilaterally are to be injected. The treating physician has made a request for 1st level, 2nd level, 3rd level, S1-S2, S2-S3 and S4-S5, and ODG does not recommend more than 2 levels to be performed at 1 time. This request is not medically necessary.