

<b>Case Number:</b>	CM15-0115275		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	09/06/2000
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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, Texas, New Mexico  
 Certification(s)/Specialty: Anesthesiology

### 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 injured worker is a 67 year old female with an industrial injury dated 09/06/2000. Her diagnoses included multi-level lumbar facet arthropathy, lumbar pain due to facet joint dysfunction and superimposed spasticity, tension headaches, multi-level degenerative disc disease of cervical spine, labral tears and cysts of left hip joint and low back pain with bilateral lower extremity radiation. Prior treatments included Botox (benefits were not worth the 2 months of side effects.) Tizanidine (makes her "too loopy".) Other treatments included physical therapy, medial branch neurotomies and medications. Medical history included cardiac ablation for supraventricular tachycardia on 04/29/2015. She presents on 04/15/2015 with complaints of a "bout" of left side spasm that encompassed her thoracic and lumbar spine. She complains of pain in thoracic area rated as 8/10 for worst pain and average pain was rated 6/10. She complained of headache to both sides of her head, forehead and behind both eyes with worst pain rated 6/10 and average pain as 4/10. Right hip pain was rated as 6/10 and left hip pain 3/10. She received some benefit with Celebrex as needed. Low back pain was rated as 7/10 for the worst pain and average pain of 5/10. She states the pain wakes her up at night. She also notes neck pain rated as 3/10 on an average. Physical exam of cervical spine revealed tenderness and spasm of greater occipital nerve, mild right articular pillar tenderness and mild left trapezius muscle tenderness. There was moderate discomfort with cervical range of motion. Thoracolumbar exam revealed mild right lumbar paraspinous muscle tenderness, mild right facet joint tenderness, left facet joint tenderness and sacroiliac joint tenderness. Muscle spasm was noted on exam. There was pain

with range of motion. Her current medications included Baclofen, Fiorinal, and Flector patch, Nexium, Oxycodone and Ultram. Treatment plan included continue current medications and left lumbar medial branch blocks as similar complaints were resolved after medial branch neurotomies on 06/06/2014. The treatment request is for diagnostic lumbar 3-lumbar 5 medial branch block under fluoroscopy.

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

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

#### **Diagnostic L3-L5 medial branch block under fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back-lumbar and thoracic facet joint diagnostic blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Facet Joint Injections, Lumbar.

**Decision rationale:** This is a review for the requested diagnostic L3 - L5 medical branch block under fluoroscopy. According to the Occupational Medicine Practice Guidelines, there is some evidence to suggest medical nerve branch blocks provide pain relief in the cervical spine. Unfortunately, there is little evidence to support the use of this procedure in the lumbar region. There is also documented evidence of an aborted facet neurotomy in the patient's medical history, secondary to pain/discomfort during the procedure. At most, there are mixed results with lumbar facet neurotomies. According to the ODG, facet joint intra-articular injections are under study and facet joint medial branch blocks are not recommended except as a diagnostic tool. This patient seems to meet the criteria for diagnostic block, which includes facet tenderness, normal sensory exam and absence of radicular findings. However, the criteria also states that no more than two joint levels should be blocked at one time. L3 - L5 is more than two levels. For this reason, the above listed issue is NOT medically necessary.