

<b>Case Number:</b>	CM15-0172477		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	07/08/2013
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 50 year old female, who sustained an industrial injury on 7-08-2013. Diagnoses include facet syndrome. Treatment and diagnostics tests to date had included diagnostics including magnetic resonance imaging (MRI), medications, PT and modified work. Per the Primary Treating Physician's Progress Report dated 5-05-2015, the injured worker presented for follow-up of her lumbar and cervical spine. She reported continued pain in her neck and back. On a scale of 1-10 with 10 being the worst, she rates her pain as a 9. Objective findings included lumbar range of motion as follows: flexion 60, extension 15, right lateral bending 26 and left lateral bending 22. Cervical spine ranges of motion were flexion 40, extension 42, right rotation 50 and left rotation 66. Per the Orthopedic Reevaluation dated 7-28-2015, the injured worker reported back pain that was more right sided with occasional radiation to the lower extremities. Magnetic resonance imaging (MRI) of the lumbar spine dated 4/16/2014 showed multilevel degenerative disc disease, disc bulges, foraminal stenosis with indentation of L3, L4 and L5 nerve roots. There was facet hypertrophy at L4-5 and L5-S1 bilaterally. Physical examination revealed lumbar spine flexion of 40 degrees, extension 15 degrees with right sided pain, and right and left lateral bending 20 degrees. Work status was modified. The plan of care included, and authorization was requested on 7-30-2015 for facet-medial branch nerve block L4-5 and L5-S1 and preop labs (CBC, PTT, PT, Chem panel and urinalysis). On 8-06-2015, Utilization Review non-certified the request for facet-medial branch nerve block L4-5 and L5-S1 and preop labs (CBC, PTT, PT, Chem panel and urinalysis) citing that guideline criteria have not been met.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Facet/Medial Branch Nerve Block Lumbar L4-5, L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back, Facet injections.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of musculoskeletal pain when conservative treatments with medications, exercise and PT have failed. The guidelines recommend that facet injections is indicate for the treatment of non radicular lumbar spine pain caused by facet changes when other causes of the pain had been excluded. The records indicate that the patient had subjective, objective and significant radiological changes of the lumbar spine consistent with lumbar radiculopathy not facet pain. The criteria for facet / Median Branch Blocks at Lumbar L4-L5, L5-S1 was not met. Therefore, the requested treatment is not medically necessary.

### **Pre-op labs: Complete Blood Count (CBC): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of musculoskeletal pain when conservative treatments with medications, exercise and PT have failed. The guidelines recommend that facet injections is indicate for the treatment of non radicular lumbar spine pain caused by facet changes when other causes of the pain had been excluded. The records indicate that the patient had subjective, objective and significant radiological changes of the lumbar spine consistent with lumbar radiculopathy not facet pain. The criteria for facet / Median Branch Blocks at Lumbar L4-L5, L5-S1 was not met therefore the Pre-Op Lab work for Complete Blood Count is not necessary.

### **Pre-op Labs: Prothrombin Time (PT) and Partial Thromboplastin Time (PTT): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of musculoskeletal pain when conservative treatments with medications, exercise and PT have failed. The guidelines recommend that facet injections is indicate for the treatment of non radicular lumbar spine pain caused by facet changes when other causes of the pain had been excluded. The records indicate that the patient had subjective, objective and significant radiological changes of the lumbar spine consistent with lumbar radiculopathy not facet pain. The criteria for facet / Median Branch Blocks at Lumbar L4-L5, L5-S1 was not met, therefore the Pre-op Labs: Prothombin Time (PT) and Partial Thromboplastin Time (PTT) was not medically indicated. The requested treatment is not medically necessary.

**Pre-op Labs: Chem Panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterLow Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of musculoskeletal pain when conservative treatments with medications, exercise and PT have failed. The guidelines recommend that facet injections is indicate for the treatment of non radicular lumbar spine pain caused by facet changes when other causes of the pain had been excluded. The records indicate that the patient had subjective, objective and significant radiological changes of the lumbar spine consistent with lumbar radiculopathy not facet pain. The criteria for facet / Median Branch Blocks at Lumbar L4-L5, L5-S1 was not met therefore the Pre-op Labs: Chem Panel was not indicated. The requested treatment is not medically necessary.

**Pre-op Labs: UA (Urinalysis):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of musculoskeletal pain when conservative

treatments with medications, exercise and PT have failed. The guidelines recommend that facet injections is indicate for the treatment of non radicular lumbar spine pain caused by facet changes when other causes of the pain had been excluded. The records indicate that the patient had subjective, objective and significant radiological changes of the lumbar spine consistent with lumbar radiculopathy not facet pain. The criteria for facet / Median Branch Blocks at Lumbar L4-L5, L5-S1 was not met, therefore the Pre-op Labs: UA (Urinalysis) was not indicated. The requested treatment is not medically necessary.