

<b>Case Number:</b>	CM15-0178007		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	08/05/2012
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 75 year old female who sustained an industrial injury on 8-5-12. A review of the medical records indicates she is undergoing treatment for chronic pain syndrome, lumbar disc displacement with radiculitis, degeneration of lumbar or lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy, lumbago, unspecified essential hypertension, diabetes mellitus, type II, hyperlipidemia, sacroiliitis, and myalgia and myositis. Medical records (8-24-15) indicate ongoing complaints of low back pain, which is reportedly worse on the right side. She has radiation to the posterior lateral thigh to the level of the knee on the right side with weakness of the right leg. She rates her "usual" pain as 2 out of 10. The physical exam reveals tenderness over the right lumbar facets. The treating provider indicated that the facet-loading test was positive on the right and negative on the left. Sacroiliac joints were tender bilaterally. Spine extension was noted to be "restricted and painful, painful on the right side". Diagnostic studies have included x-rays of the lumbar spine, MRI x 2 of the lumbar spine, an MRI of the pelvis, nerve conduction studies, a right medial branch block, and a left medial branch block at L3, L4, and L5. Treatment has included physical therapy, a lumbar transforaminal epidural steroid injection with noted "good improvement of pain", radiofrequency lesioning on the right side with no improvement, right sacroiliac joint injection with "significant improvement", and medications, including Vicodin, Ibuprofen, Tylenol, Flexeril, Percocet, Naproxen, BenGay, Xanax, Voltare gel, Codein, Dilaudid, Celebrex, Elavil, Valium, Restoril, Morphine, Vistaril, Toradol, and Versed. The treatment recommendation included diagnostic medial branch blocks

right L3, L4, and L5, under fluoroscopy guidance and a home exercise program. The utilization review (9-1-15) indicates denial of the request for authorization of the medial branch blocks due to the injured worker has "tenderness over right lower lumbar facets. Facet loading positive on the right side. SI joints tender bilaterally". However, the guidelines reflect that no more than 2 facet joint levels are injected in one session. Therefore, he exceeds the guidelines.

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

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

#### **Diagnostic medial branch block right L3, L4 and L5: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of diagnostic blocks for facet mediated pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back-Lumbar & Thoracic (Acute & Chronic) Facet joint radiofrequency neurotomy (2) Low Back-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

**Decision rationale:** The claimant sustained a work injury in August 2012. She was seen on 08/24/15. Her prior treatments were reviewed. She had undergone right-sided lumbar medial branch blocks with positive diagnostic testing and underwent right-sided radiofrequency ablation in November 2013, which decreased her pain by only 10-15% and only for a short period of time. In June 2014, she underwent left lumbar medial branch blocks with positive diagnostic response and subsequently left-sided medial branch radiofrequency ablation with significant pain relief of 90% and with decreased use of pain medications. When seen, she was having persistent right-sided low back pain. She was having pain extending to the level of the knee posteriorly with occasional pain to the back of the heel. Physical examination findings included a body mass index over 27. There was right lumbar facet tenderness with positive facet loading. There was bilateral sacroiliac joint tenderness with positive Fabere testing. There was decreased and painful right-sided lumbar extension. Authorization is being requested for a repeat right sided medial branch block procedure. Her prior right-sided treatments were performed by another provider. Criteria for the use of diagnostic blocks for facet-mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the physical examination findings reported and the claimant's response to the injections done on the left side support a diagnosis of lumbar facet mediated pain. Although guidelines recommend that a neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at more than 50% relief, this procedure can be technically difficult and dependent on the technique of the provider. Whether the claimant has right-sided lumbar facet mediated pain would require another diagnostic block procedure as is being requested. The three medial branches being blocked would block two levels. Finally, the left sided medial branch block procedure done in June 2015 included use of a pain diary that was appropriately reviewed at the follow-up appointment less than one week later. For these reasons, the requested right sided medial branch blocks procedure can be accepted as being medically necessary.