

<b>Case Number:</b>	CM15-0064997		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	03/21/2001
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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

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 57 year old male, who sustained an industrial injury on March 21, 2001. The injured worker had reported back pain. The diagnoses have included lumbar spondylosis without myelopathy, chronic pain syndrome, myofascial pain, lumbar annular tear, lumbar radiculitis and cervical degenerative disc disease. Treatment to date has included medications, radiological studies, chiropractic treatment, ice treatment, massage, trigger point injections, a transcutaneous electrical nerve stimulation unit, lumbar medial branch blocks and epidural injections. The documentation dated April 13, 2005 notes that the epidural injections did not provide any benefit. Current documentation dated January 30, 2015 notes that the injured worker reported low back pain with radiation to the right testicle and down the leg to the knee. Examination of the lumbar spine was not provided. The documentation notes the injured worker's pain was worse from the prior visit. The treating physician's plan of care included a request for bilateral medial branch blocks to lumbar three-lumbar five.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral medial branch blocks at L3-5:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Diagnostic Blocks (Injections) Topic.

**Decision rationale:** Regarding the request for lumbar medial branch blocks, the CA MTUS references ACOEM Chapter 12, which specify invasive techniques such as facet blocks are of questionable merit. These injections may be appropriate in the transitional phase from acute to chronic pain. More specific recommendations as found in the ODG as cited below: "Criteria for the use of diagnostic blocks for facet mediated pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a sedative during the procedure. 8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005) 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. (Franklin, 2008)] In the case of this injured worker, there is documentation of concomitant radicular symptomatology. However, there is a note on February 20, 2015 that the provider feels the facet arthropathy symptoms are independent of the radicular symptoms. The progress note from 8/2014 also indicates positive Kemp's testing bilaterally, suggesting possible lumbar facet arthropathy. Given this, this request is medically necessary.