

<b>Case Number:</b>	CM14-0143908		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	12/12/2003
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 55 year old male with a date of injury on 12/12/2003. Most recent records dated 9/19/2014 documents that the injured worker rated his pain as 7-8/10 and he continued to have increasing right-sided lower back pain. Records indicate that he had prior diagnostic blocks performed in 11/2010 with greater than 70% reduction in his right lower back pain. He also reported right-sided radiofrequency performed in 7/2012 which provided 22 months of 80% pain relief in his right lower back symptoms. He also reported poor sleep. Objectively, cervical spine was noted with stiffness with flexion. Tenderness was noted over the bilateral facet joints. Range of motion was limited with significant pain with extension and rotation (bilateral). Tenderness was noted over the bilateral sacroiliac joints. Sensation was decreased in the right lateral calf and toe digits 3, 4, and 5. He is diagnosed with (a) post-laminectomy syndrome, (b) painful disc syndrome rule out lumbar facet syndrome, and (c) bilateral sacroiliac joint pain.

### 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 L4-5, L5-S1 with IV sedation and fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Diagnostic Blocks

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint diagnostic blocks (injections), Low Back, Facet joint medial branch blocks (therapeutic injections) and Low Back, Facet joint pain, signs and symptoms

**Decision rationale:** Evidence-based guidelines indicate that the clinical presentation of the injured worker should be consistent with facet joint pain signs and symptoms. These include (a) tenderness to palpation in the paravertebral joints (over the facet region), (b) normal sensory examination, (c) absence of radicular findings although pain may radiate below the knee, and (d) normal straight leg raising exam. In this case, the injured worker is noted to have undergone a prior right sided L4-L5 and L5-S1 diagnostic facet block injections which resulted to 22 months of 80% pain relief which subsequently resulted to right sided neurotomy causing 12 months of more than 50% relief. Based on this information, the right side facet joint medial branch blocks can be considered as a repeat request while on the left side it will be an initial request of facet joint medial branch blocks. According to evidence-based guidelines, a repeat facet joint medial branch block is not recommended as there is minimal evidence for treatment and without sufficient support from evidence-based guidelines regarding repeat right-sided facet joint medial branch block the medical necessity for this body part is not established. With regard to the left side facet joint medial branch block injections, the clinical presentation of the injured worker does not satisfy the criteria as there is evidence of radiculopathy. Per most recent records 9/9/2014, there is documentation of decreased sensation was decreased in the right lateral calf and toe digits 3, 4, and 5. This is suggestive of radiculopathy and this does not satisfy the requirement for a diagnostic medial branch block. Moreover, the request includes intravenous (IV) sedation and evidence-based guidelines indicate that this can be grounds to negate the results of a diagnostic block. Based on the presented reasons above, the medical necessity of the requested bilateral medial branch blocks at L4-5, L5-S1 with intravenous (IV) sedation and fluoroscopy is not established.