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| <b>Case Number:</b>   | CM14-0155286 |                              |            |
| <b>Date Assigned:</b> | 09/25/2014   | <b>Date of Injury:</b>       | 10/18/2000 |
| <b>Decision Date:</b> | 11/05/2014   | <b>UR Denial Date:</b>       | 09/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/22/2014 |

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 who reported an injury on 10/18/2000 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his lumbar spine. The injured worker's treatment history included physical therapy, activity modifications and medications. The injured worker was evaluated on 07/01/2014. It was documented that the injured worker complained of 6/10 low back pain. Physical findings included limited range of motion secondary to pain with tenderness to the lumbar spine facet joints. The injured worker's diagnoses included lumbar facet arthropathy and lumbar discogenic spine pain. A request was made for bilateral lumbar facet medial branch blocks at the L3, L4, and L5 with fluoroscopic guidance under anesthesia with x-rays. However, no justification for the request was provided. No Request for Authorization form was submitted to support the request. Treatment to date: medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral lumbar facet medial branch block L3, L4, L5 with fluoroscopic guidance under anesthesia with x-rays:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet Joint Diagnostic Blocks, (Injections)

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

**Decision rationale:** The requested bilateral lumbar facet medial branch blocks at the L3, L4 and L5 with fluoroscopic guidance under anesthesia with x-rays is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend radiofrequency ablations based on an appropriate response to medial branch blocks. Official Disability Guidelines further previous clarification that face medial branch blocks are appropriate for patients with a well-documented facet mediated pain that has failed to respond to conservative treatment in the absence of radiculopathy. The clinical documentation submitted for review does indicate that the injured worker has facet mediated pain. There is no documentation of radiculopathy upon physical examination. The clinical documentation does indicate that the injured worker had failed to respond to conservative treatments. However, Official Disability Guidelines also recommend that medial branch blocks be reserved for 2 levels of medial branch nerves. The request as it is submitted for medial branch blocks at the L3, L4, L5; this can be interpreted as L2-3, L3-4, and L4-5 and L5-S1 medial branches. This exceeds the guideline recommendations for no more than 2 medial branches. Additionally, Official Disability Guidelines do not recommend the use of anesthesia in this diagnostic procedure unless there is documentation that the patient has significant anxiety to needles or the procedure itself. The clinical documentation submitted for review does not provide any evidence that the injured worker has any type of anxiety. As such, the requested bilateral lumbar facet medial branch block L3, L4, L5 with fluoroscopic guidance under anesthesia with x-rays is not medically necessary or appropriate.