

<b>Case Number:</b>	CM13-0005754		
<b>Date Assigned:</b>	08/20/2013	<b>Date of Injury:</b>	08/21/2008
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	07/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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 patient is a 59-year-old male who reported an injury on 08/21/2008. The patient has been noted to undergo an MRI, a left L2-3 lumbar epidural steroid injection on 06/04/2013, which per the letter of appeal dated 08/08/2013 resulted in decreased burning and tingling at the left anterior thigh following the epidural injection. The patient was noted to have residual persistent left sided low back pain. Symptomatology was noted to be primarily axial since after the administration of the lumbar epidural injection. Per the office note dated 08/01/2013, physical examination revealed the patient had tenderness over paralumbar extensors and facet joints. The facet loading maneuver was noted to be positive on the left and equivocal on the right. The lower extremity neurological examination revealed 5/5 motor strength at major muscle groups bilaterally with the exception of trace weakness with left hip flexion and with left ankle dorsiflexion/plantar flexion; sensation to light touch and pinwheel was noted to be intact bilaterally. Reflexes were noted to be 1/4 at the knees and ankles bilaterally. The straight leg raise weaknesses noted to be equivocal bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A left L4-5 and L5-S1 medial branch block:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter..

**Decision rationale:** This request was previously denied as tenderness over the lumbar extensors and facet joints is not significant sufficient clinical finding to support this facet mediated pain. CA MTUS/ACOEM states facet joint injections are of questionable merit. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG recommend facet joint medial branch blocks as a diagnostic tool. There is noted to be minimal evidence for treatment. Facet joint pain pathology includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. The clinical documentation submitted for review indicated the patient has tenderness over paralumbar extensors and facet joints, the facet loading maneuver was noted to be positive on the left, and the patient was noted to have 5/5 motor strength with the exception of trace weakness at the left hip flexion and left ankle dorsiflexion/plantar flexion, the straight leg raise was noted to be equivocal bilaterally. While it is noted that the patient had tenderness to palpation of the paravertebral area, the facet loading maneuver was positive, the patient was noted to have a normal sensory examination, the patient was noted to have an equivocal straight leg raise bilaterally and trace weakness on the left. Medial branch blocks are noted to be a diagnostic tool and not for use when radicular findings are present. The request for medial branch blocks is not medically necessary and appropriate.