

<b>Case Number:</b>	CM13-0013337		
<b>Date Assigned:</b>	10/01/2013	<b>Date of Injury:</b>	04/05/2012
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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 and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 60 year old with date of injury of 4/5/12. Based on the 7/7/13 progress report provided by [REDACTED], the diagnoses are lower back pain, lumbar radiculopathy, and lumbar facet syndrome. The exam on 7/7/13 showed that the patient has an antalgic slowed gait. The lumbar spine shows loss of normal lordosis with straightening of lumbar spine. The range of motion in the lumbar spine is restricted moderately. On palpation, paravertebral muscles, spasms, tenderness, and tight muscle band were noted bilaterally. Lumbar facet loading is positive on both sides. A straight leg raise test was positive on the left side, sitting at 90 degrees. There was tenderness over the sacroiliac spine, and trigger point with radiating pain and twitch response on palpation of lumbar paraspinals.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT MEDIAL BRANCH BLOCK FOR L3, L4, L5 AND S1 SPINE.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ODG guideline, low back, online for diagnostic facet blocks:([http://www.odg-twc.com/odgtwc/low\\_back.htm#Facetinjections](http://www.odg-twc.com/odgtwc/low_back.htm#Facetinjections)).

**Decision rationale:** This patient presents with lower back pain. The treating physician has asked for left medial branch blocks for L3, L4, L5 and S1 spine on 7/7/13 to provide sufficient pain relief to facilitate success with other treatment modalities and to help determine whether specific intervention on targeting the facet joint will be needed, per the 5/13/14 report. The 7/17/13 report shows that the patient has increased back pain, poor sleep, and that functional level has decreased. The patient had a previous epidural steroid injection which was helpful by more than 50% for over three months, per the 7/17/13 report. Regarding facet nerve block injections, the Official Disability Guidelines require non-radicular back pain, and a failure of conservative treatment. Guidelines also state that no more than two bilateral levels should be injected. In this case, the patient appears to suffer from radicular symptoms, given the patient's history. Facet joint evaluations are not indicated for patients with radiculopathy. Furthermore, the request is for four levels, which is not permitted. As such, the request is not medically necessary.