

<b>Case Number:</b>	CM13-0028909		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	08/23/2012
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation 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 claimant is a 44-year-old female who reported a lumbar spine injury on August 23, 2012. At the time, the claimant was bending at the waist to pick up a box of rental agreement jackets when she felt immediate pain in the left lower back. There was some radiation of pain down the left lower extremity as some intermittent numbness and tingling sensations affecting the left leg. Subsequently, the patient was seen at the emergency room where she was given some Motrin. A few days later, she was seen by [REDACTED] who proceeded to treat the patient with physical therapy for six sessions and prescribed her Motrin. The claimant has classic symptoms of localized back pain in the iliolumbar ligament areas with a positive facet maneuvers and MRI evidence to suggest pathology at the facet joints leading to the claimant's symptoms and functional deficits. The claimant was previously certified for a right L4, L5, and S1 epidural steroid injection on 06/12/13. The claimant continues to have pain in the back and pain in the bilateral buttocks especially with twisting/bending to each side. On examination, there is tenderness of the lumbar spine and decreased range of motion by 10 percent in all planes is noted. There is positive lumbosacral facet maneuver. The current request is for medical branch block L3, L4, L5, and S1 which was denied for lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**medial branch blocks at L3, L4, L5 and S1: 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): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**Decision rationale:** CA-MTUS indicates that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients. There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet presenting in the transitional phase between acute and chronic pain neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG state that facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence for treatment. Therefore the request for medial brach block from L3-L5, and S1 level is not medically necessary.