

<b>Case Number:</b>	CM13-0034705		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	12/08/2011
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 60 year-old female who sustained a work-related injury to her neck, shoulders, arms, right elbow, left wrist, hand, knees, hips, left ankle, gluteus maximus, and back on 12/8/11, because of a fall. Treatment has included behavioral pain management, physical therapy, acupuncture, exploration of left ankle with repair of the peroneus longus and brevis tendons, crutches, cryotherapy on 5/7/13, right shoulder arthroscopic capsulorrhaphy and acromioplasty on 7/24/13, psychotherapy, and medication management. Diagnoses include lumbar facet syndrome, bilateral thoracolumbar neuritis/radiculitis, sprain/strain of the neck, sprain/strain of the ankle, sprain/strain of the wrist, tenosynovitis of the foot/ankle, and shoulder tendonitis. A 3/1/12 lumbar MRI revealed persistent 2-3mm left lateral subligamentous disc protrusion at L3-4 that was stable since 6/8/11 with mild proximal left neural foraminal stenosis, persistent moderate-moderately severe hypertrophic facet changes at L4-5 and L5-S1, and persistent 1-2 mm central and left paracentral disc bulge at T11-12 with mild thoracic cord effacement that were unchanged since 6/8/11. An 11/27/13 progress report indicates that the patient has low back pain at the lumbo-sacral junction left side greater than the right. The document indicates that the pain radiates down the bilateral legs left side greater than right. The pain radiates 70% down the left leg and 30% down the right leg. There is tingling/numbness in the left foot. There is also left anterolateral ankle pain radiating to the lateral foot. On physical exam of the lumbar spine, there is an increased lumbosacral angle with a slightly decreased lordosis. There was tenderness in the pelvic brim and junction bilaterally, greater on the left than the right, and moderate spasms in the paravertebral musculature, greater on the right than the left. There was bilateral sciatic notch tenderness, greater on the left than the right. Extension and rotation to either side causes right junctional discomfort. There is decreased lumbar range of motion. Gait is guarded with a slight

limp on the left. Toe and heel walking are not attempted, secondary to the pain. The discussion portion of the office visit states that the lumbar radicular symptoms persist along with the ankle symptoms.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**The request for medial branch block at right L4 with image guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The ACOEM states that lumbar facet neurotomies have mixed results and should only be performed after controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that diagnostic or therapeutic blocks for facet mediated pain should be limited to patients with low back pain that is non-radicular in nature. The documentation submitted clearly indicates that the patient has radiating symptoms from her low back into both legs which is consistent with radicular symptoms. This is not consistent with the criteria recommended by the ODG. As such the request is noncertified.

**The request for medial branch block at right L5 with image guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The ACOEM states that lumbar facet neurotomies have mixed results and should only be performed after controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that diagnostic or therapeutic blocks for facet mediated pain should be limited to patients with low back pain that is non-radicular in nature. The documentation submitted clearly indicates that the patient has radiating symptoms from her low back into both legs which is consistent with radicular symptoms. This is not consistent with the criteria recommended by the ODG. As such the request is noncertified.