

<b>Case Number:</b>	CM13-0035460		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	03/17/2006
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Pain Medicine and is licensed to practice in Ohio and Texas. 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 48-year-old female who reported injury on 03/17/2006. The mechanism of injury was not provided. Per the examination note, the patient was noted to have an electrodiagnostic study on 06/08/2013 which revealed the patient had abnormalities involving the bilateral 4th lumbar nerve root. The patient was noted to have a negative straight leg raise. The patient was noted to have muscle strength of 5/5. The patient was noted to have x-rays of the lumbar spine which revealed multilevel facet arthropathy. The disc spaces were noted to be well maintained. The diagnoses were noted to include L4 radiculopathy as per electrodiagnostic study 06/08/2013 and lumbar spine sprain/strain, multilevel facet arthropathy, along with right sacroiliitis. Request was made for a lumbar medial branch block at L3-L4, L4-L5 and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar medial branch block at L3-4, L4-5, L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Medial Branch Blocks.

**Decision rationale:** ACOEM Guidelines indicate that facet joint injections are not recommended for the treatment of low back disorders. However, despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic. As such, there is the application of the Official Disability Guidelines, which indicate that facet joint medial branch blocks as therapeutic injections are not recommended except as a diagnostic tool as minimal evidence for treatment exists. The Official Disability Guidelines recommend that for the use of diagnostic blocks, the patient have facet-mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally. The clinical documentation submitted for review failed to provide a sensory examination, failed to provide the patient had tenderness to palpation of the paravertebral area over the facet region, and per the documentation, the patient had an EMG had radiculopathy findings at L4. Given the above, the request for lumbar medial branch block at L3-4, L4-5, and L5-S1 Rx 09/09/2013 is not medically necessary. Additionally, no more than 2 facet joint levels should be injected in 1 session..