

<b>Case Number:</b>	CM13-0038924		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	02/03/2012
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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 and Rehabilitation 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:

Patient reportedly sustained an Industrial Injury on 02/03/12. Patient was diagnosed with: 1. Lumbar musculoligamentous strain. 2. Lumbar disc disease. 3. Lumbar radiculopathy. 4. Lumbar facet syndrome. 5. Lumbar sacroiliac joint arthropathy. 10/15/13 office note states that "She currently complains of low back pain, which she rates at 5/10 on pain scale. She notes that low back pain has decreased since her last visit. She indicates that she was able to walk longer, stand and decrease her intake of medication with greater the 70% relief. She had bilateral medial branch block at the L5-S1 level with significant relief. She has been taking her medication regularly and tolerates them well. Physical examination findings: VISUAL INSPECTION: Normal lordosis and alignment. TENDERNESS/TRIGGER POINTS: There is diffuse tenderness over the lumbar paraspinal muscles. FACET TENDERNESS: There is mild facet tenderness at the L4 through S1 levels PIRIFORMIS TESTS: Piriformis Tenderness negative bilateral Piriformis Stress (FAIR) negative bilateral SACROILIAC TESTS: Sacroiliac Tenderness positive on left, negative on right Fabere's/Patrick positive on left, negative on right. Sacroiliac thrust and yeoman's are positive on the left and negative on the right. Supine straight leg raise positive at 60 degrees on left, negative on right. Lumbar spine range of motion was limited in extension. BLE muscle motor exam, sensation, and reflexes were all intact. RADIOGRAPHS: dated 2/3/12: Two views of the lumbar Spine: reviewed. AP view shows 5 lumbar vertebrae. Pedicle shadows are intact. SI joints and hip joints are partially visualized and unremarkable. Lateral view shows maintenance of lumbar lordosis. Disc heights are well preserved. AP pelvis shows no fractures. MRI: MRI of the lumbar spine Imagine dated March 8, 2012 was reviewed. Sagittal, axial, and coronal mages are reviewed. There is mild facet edema and arthrosis at the left L4-5 and L5-S1 with mild subarticular narrowin

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L5-S1 medial branch block:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back; Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back: Facet joint medial branch blocks (therapeutic injections; Facet joint pain, signs & symptoms; Facet joint intra-articular injections (therapeutic blocks).

**Decision rationale:** Bilateral L5-S1 medial branch block is not medically necessary per MTUS and ODG guidelines. Per guidelines, "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." Additionally, guidelines state that "There should be no evidence of radicular pain, spinal stenosis, or previous fusion. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." In the documentation submitted patient continues to have radicular symptoms with a positive straight leg raise. The request for bilateral L5-S1 medial branch block is not medically necessary or appropriate.