

<b>Case Number:</b>	CM13-0038981		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	12/30/2010
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Neurology, and is licensed to practice in 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 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 injured worker is a 47-year-old who reported an injury on January 3, 2011. The mechanism of injury was not specifically stated. Current diagnoses include thoracic sprain/strain, thoracic muscle spasm, lumbar sprain/strain, lumbar muscle spasm, lumbar disc protrusion, lumbar degenerative disc disease, lumbar facet arthropathy, lumbar facet hypertrophy, left knee contusion, status post right knee surgery, peripheral neuropathy of the right tibial motor nerve, thoracic scoliosis, and psychological component. The injured worker was evaluated on September 6, 2013. The injured worker reported constant mid to low back pain with stiffness. Physical examination revealed painful range of motion of the lumbar spine, 3+ tenderness to palpation, palpable muscle spasm, positive Kemp's testing and positive straight leg raising. Treatment recommendations included facet injections at L4-5 and a lumbar discogram at L3-4 and L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL L4-L5 MEDIAL BRANCH BLOCK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 604.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Diagnostic Blocks Section.

**Decision rationale:** The Low Back Complaints Chapter of the ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs and symptoms. There should also be documentation of a failure of conservative treatment including home exercise, physical therapy, and NSAIDS (non-steroidal anti-inflammatory drugs). There is no documentation of facet mediated pain upon physical examination. There is also no mention of an attempt at conservative treatment to include home exercise, physical therapy, and NSAIDS prior to the procedure for at least four to six weeks. Therefore, the injured worker does not currently meet criteria for the requested procedure. The request for one bilateral L4-5 medial branch block is not medically necessary or appropriate.

**L3-S1 DISCOGRAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The Low Back Complaints Chapter of the ACOEM Practice Guidelines states that recent studies on discography do not support its use as a preoperative indication for either intradiscal electrothermal annuloplasty or a fusion. As per the documentation submitted, a lumbar discogram was requested prior to consideration for a lumbar spinal fusion at L4-5. As the Low Back Complaints Chapter of the ACOEM Practice Guidelines do not support discography as a preoperative indication for fusion, the current request cannot be determined as medically appropriate. Additionally, the Low Back Complaints Chapter of the ACOEM Practice Guidelines state despite the lack of strong medical evidence to support discography, it should be reserved only for patients who have failed to respond to conservative treatment and who have satisfactory results from a detailed psychosocial assessment. There is no mention of an exhaustion of conservative treatment. There is also no documentation of a satisfactory detailed psychosocial assessment. The request for one L3-S1 discogram is not medically necessary or appropriate.