

<b>Case Number:</b>	CM13-0043071		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/11/2012
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Neurological Surgery 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 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 63 year old female who sustained an injury to her low back on 10/11/12 when she fell from a short step stool on to a hard floor and struck a chair with the left side of her face and body. MRI of lumbar spine revealed multilevel degenerative disc disease, disc bulging, posterior facet and ligamentous hypertrophy; moderate right neural foraminal narrowing at L2-3; moderate left neural foraminal narrowing at L4-5 with no spinal stenosis; no spinal stenosis or significant neural foraminal narrowing at L5-S1. Physical examination noted tenderness to palpation of the lumbar paraspinal muscles; lumbar spine range of motion restricted by pain in all directions; positive lumbar discogenic provocative maneuvers bilaterally; negative nerve root tension signs, including straight leg raise bilaterally; deep tendon reflexes 1+ and symmetric bilaterally in lower extremities; symmetric muscle girth in bilateral lower extremities; decreased muscle strength at 4+/5 in left quadriceps and left tibialis anterior; decreased sensation to all modalities in left L4-5 dermatomes of the left leg; decreased balance and heel toe walking; antalgic gait.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2ND BILATERAL L4-5 AND L5-S1 FACET JOINT MEDIAL BRANCH INJECTION:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Facet joint diagnostic blocks (injections).

**Decision rationale:** The request for second bilateral L4-5 and L5-S1 facet joint medial branch injections is not medically necessary. The previous request was denied on the basis that it was unclear whether the requested block is of confirmatory, diagnostic, or therapeutic nature. The response to previous medial branch blocks was not assessed. There was no mention that upon successful block, radiofrequency ablation would be requested. The Official Disability Guidelines state that one set of diagnostic medial branch blocks is required with response of greater than or equal to 70%. Pain response should last at least two hours for Lidocaine. Furthermore, there was evidence to support a diagnosis of lumbar radiculopathy which is a general contraindication for medial branch blocks. Given the clinical documentation submitted for review, medical necessity of the request for second bilateral L4-5 and L5-S1 facet joint medial branch injections has not been established.