

<b>Case Number:</b>	CM13-0043313		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/28/2010
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 Physical Medicine & Rehabilitation 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 66-year-old male who reported an injury on 12/28/2010. The mechanism of injury was not stated. Current diagnoses include lumbar radiculitis on the right and lumbar facet arthropathy at L2-S1. The injured worker was evaluated on 09/05/2013. The injured worker reported persistent lower back pain rated 7/10. The injured worker was status post epidural injection in the lumbar spine on 05/22/2013, with 60% improvement. Physical examination revealed tenderness to palpation in the right lower lumbar facet regions at L2-S1, limited lumbar range of motion, decreased sensation at the right L3, L4, and L5 dermatomes, and weakness on the right. Treatment recommendations at that time included medial branch blocks on the right at L3-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDIAL BRANCH BLOCK RIGHT; L3-L4, L4-L5, L5-S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM Practice Guidelines, Diagnostic Facet Joint Injections (Intraarticular and Nerve Blocks).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** 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. Facet joint injections are limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. Although it is noted that the injured worker has received conservative treatment to include physical therapy and chiropractic treatment, the current request for medial branch blocks at L3-4, L4-5, and L5-S1 exceeds the ACOEM Guidelines' recommendations. Additionally, the injured worker does maintain a diagnosis of lumbar radiculitis, and has received a 60% improvement in symptoms followed by an epidural steroid injection. Based on the clinical information received, the request is not medically necessary and appropriate.