

<b>Case Number:</b>	CM13-0045806		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/28/2001
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 has a subspecialty in Neuromuscular Medicine 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 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 patient had a work injury to his low back on 5/22/01. There is a request for the medical necessity of left L3-4 and L4-5 medial branch blocks. The patient has had treatment which includes epidural steroid injections in the lumbar spine, physical therapy and medication management in addition to an L4-5 microdiscectomy in 2012. There is a 12/5/13 office visit from the primary treating physician which states that the patient presents for follow up with ongoing low back and left lower extremity symptoms, which he rates a 6/10 on the pain scale. He states that the mid to lower back pain radiates to left leg. He is having more difficulty sitting and driving. He did recently travel and was in a car for an extended period of time that caused him to have increased back and left leg complaints. He is just now getting over the increased pain from this trip three weeks ago. He has otherwise been stable with persistent complaints. He does utilize a TENS unit that does help with his pain level. He is taking Norco, Zanaflex as needed for spasms, and Celebrex. The objective portion of the exam states that the patient is alert and oriented, in no acute distress. The midline surgical site is clean, dry, and intact. He does have tenderness to palpation of the lumbar spine midline that is around the surgical site. He has limited ROM of the lumbar spine with the lumbar extension limited to 5 degrees due to increased pain. He does have a positive facet provocation test on the left side. The patient is hypersensitive in the left L4 and L5 dermatome. He has 5-/5 strength in his lower extremities which is limited by pain. An MRI of the lumbar spine from 3/1/13 revealed - facet arthropathy L3-4 with L4-5 postoperative level versus left spondylolysis and with moderate to severe left and mild to moderate right neural foraminal narrowing. His diagnoses include: Status post microdiscectomy of the L4-5 disc, 08/26/12. 2. Left lumbar radiculopathy, 3. Facet arthropathy of the lumbar spine. There is a request for authorization for an EMG/NCS of the bilateral lower extremities to

evaluate his increased left leg complaints, a request for authorization for a medial branch block on the left at L3-4 and L4-5 for diagnostic reasons as the patient may be a candidate for a rhizotomy in the future. The patient is encouraged to continue with some form of home exercise program. He was prescribed Norco 10/325 #13S, to continue taking 2-3 per day as needed for pain and Celebrex 100mg #30 with one refill. There is a 5/13/13 primary treating physician progress report requesting a TFESI on the left L4, and L5 nerve root for therapeutic and diagnostic purposes, due to patient's left leg symptoms. Physical exams findings include a straight leg raise at 60 degrees. Medrol Dose pak and Gabapentin were prescribed for these symptoms.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**BILATERAL SI JOINT 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ODG

**Decision rationale:** Left L3-4 and L4-5 medial branch blocks are not medically necessary per the MTUS guidelines. The ACOEM states that lumbar facet neurotomies reportedly produce mixed results and should only be performed after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that diagnostic blocks for facet "mediated" pain should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. The documentation submitted reveals that the patient has low back and left leg symptoms suggestive of radicular symptoms. The request for L3-4 and L4-5 medial branch blocks is not therefore not medically necessary or appropriate.