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| <b>Case Number:</b>   | CM13-0059391 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 02/21/2009 |
| <b>Decision Date:</b> | 05/07/2014   | <b>UR Denial Date:</b>       | 11/06/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/02/2013 |

### 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 Pain Management and is licensed to practice in Texas and Oklahoma. 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 61-year-old male with a date of injury February 21, 2009. The mechanism of injury occurred in the course of the injured worker's usual work duties. On September 16, 2013, the injured worker reported fluctuating pain levels to the lumbar spine with persistent weakness and buckling to the left. The injured worker had difficulty getting out of a chair and used a cane for ambulation due to weakness in the left lower extremity. There was marked discomfort upon palpation of the paravertebral muscles of the low back and minimal range of motion in all planes. Diagnoses included lumbar canal stenosis, condition after laminectomy, severe left leg radiculopathy, weakness in the left knee and L3 distribution, status post lumbar re-exploration and microdiscectomy, and traumatic injury with lumbar disc syndrome with a degenerative disc disease with left radiculopathy, with diminished sensation on the left, left quadriceps atrophy, and lumbar canal stenosis. The MRI performed on April 16, 2010 showed grade 1 listhesis at L5-S1 with moderate to severe central canal stenosis and neural foraminal narrowing at L3-4 and L4-5 and impingement of the L2 exiting nerve root at L2-3. The patient is status post lumbar discectomy and laminectomy on February 23, 2009 with post-op residual cauda equina syndrome. A second lumbar microdiscectomy and foraminotomy at L2-3 was performed on January 10, 2012.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR MEDIAL BRANCH NERVE BLOCKS AT BILATERAL L4-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 308-310.

**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, Facet joint diagnostic blocks (injections).

**Decision rationale:** The California MTUS/ACOEM guidelines state lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy. The clinical information submitted for review failed to provide evidence of facet mediated pain as the patient was noted to have decreased sensation. In addition, the clinical information submitted for review failed to indicate rather or not the medial branch blocks were being performed in anticipation of a rhizotomy if successful. As such, the request for the lumbar medial branch nerve blocks at the bilateral L4-S1 is non-certified.