

<b>Case Number:</b>	CM13-0060843		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/19/2012
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 and Rehabilitation, 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:

This 46 year-old patient sustained an injury on 4/19/12 while employed by [REDACTED]. Requests under consideration include Bilateral L3-L5 Medial Branch Blocks With [REDACTED] And LSO Brace. Diagnoses include thoracolumbar sprain/strain with lower extremity radiculopathy; and C5-6 disc replacement on 3/9/13. Conservative care has included heat, massage, medication, physical therapy, and ergonomic treatment. Report of 11/5/13 from the provider has request for gym membership with pool access. The patient has complaints of 7/10 neck pain radiating to left shoulder with stiffness, numbness and tingling sensation of the digits; neck pain causes headaches; low back pain with feet numbness. Exam showed wide-based gait; difficulty with heel-toe walk; diffuse tenderness of lumbar musculature; moderate at L3-S1; positive SLR/ Yeoman's and SI trust testing; range flex/ext/lateral bending 60/10/15 degrees; mild spasm of lumbar spine; positive straight leg raise at 70 degrees on right and 60 degrees on left in seated position; and facet tenderness at L3-S1. Medications list Gabapentin and Hydrocodone. Report of 11/15/13 noted unchanged pain complaints with same restricted range and tenderness and mild spasm. Diagnoses included thoracolumbar sprain/strain with radiculopathy; facet OA L3-5, 1-2 mm disc bulge; s/p C5-6 disc replacement. The rest of handwritten notes were illegible. Requests above were non-certified on 11/27/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL L3-L5 MEDIAL BRANCH BLOCKS WITH [REDACTED]: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**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, FACET JOINT DIAGNOSTIC BLOCKS (THERAPEUTIC INJECTIONS), PAGES 412-418

**Decision rationale:** Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Additionally, facet blocks are not recommended in patient who may exhibit radicular symptoms as in this injured worker with leg pain complaints and positive clinical findings and diagnosis of radiculopathy. Submitted reports have not demonstrated support outside guidelines criteria. The

**LSO BRACE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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, BACK BRACE, PAGE 372.

**Decision rationale:** There is no indication of instability, compression fracture, or spondylolisthesis precautions to warrant a back brace for chronic low back pain. Reports have not adequately demonstrated the medical indication for the LSO. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." This claimant is well beyond the acute phase of injury of 2012. In addition, ODG states that lumbar supports are not recommended for prevention; is under study for treatment of nonspecific LBP; and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment, none of the criteria has been met. The LSO BRACE is not medically necessary and appropriate.