

<b>Case Number:</b>	CM13-0061536		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/06/2012
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Interventional Spine 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:

Patient is 52 year old, with date of injury 07/06/2012. Per progress report 10/01/13 the patient complains of low back pain radiating to the bilateral lower extremities, right side greater than left, increased with bending, stooping, lifting and sitting. The listed diagnosis is lumbosacral musculoligamentous sprain/strain post blunt trauma with right greater than left lower extremity radiculitis. 03/05/13 lumbar exam showed "straight leg raising test is positive, bilaterally, eliciting paraesthesia to the bilateral feet." The patient also has decreased range of motion to lumbar spine and paraspinal tenderness.. The patient is taking Norco and Motrin 600 mg and sees a psychiatrist for chronic pain. The MRI of L spine on 03/29/13 showed minimal anterior wedging of the T12 vertebra, mild facet arthropathy, a 1-mm midline disc bulge at L3-4 and possible lesion in left kidney. EMG of bilateral lower extremity was negative on 04/25/13. Patient denies surgical history. The request is for Medial Branch Blocks Bilateral L3-L5 and Lumbar Traction. Utilization review letter disputed is dated 11/26/13. Reports included in the file were progress reports from 12/12/12 to 03/05/13 and acupuncture notes from 11/28/12 to 02/07/13. Sleep Study on 04/08/13. MRI of L-Spine on 03/29/13. EMG of bilateral lower extremity on 04/25/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDIAL BRANCH BLOCKS BILATERAL L3-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**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 (INJECTIONS).

**Decision rationale:** This patient presents with low back pain radiating to the bilateral lower extremities, right side greater than left. The request is for Medial Branch Blocks Bilateral L3-L5. This patient has not had lumbar surgery, but has tried acupuncture and exercises uses TENS unit at home. Regarding medial branch blocks MTUS does not discuss facet syndrome and ACOEM discusses different diagnostic blocks (p301). ODG guidelines provide a more thorough discussion. Under facet joint signs and symptoms, it states, "absence of radicular findings, although pain may radiate below knee; Normal straight leg exam." Under medial branch diagnostic injections, ODG states, "there should be no evidence of radicular pain, spinal stenosis, prior fusion." In this case, the patient has "radicular findings" with positive straight leg examination. The request for medial branch blocks bilateral L3-L5 is not medically necessary.

**LUMBAR TRACTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

**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, TRACTION.

**Decision rationale:** This patient presents with low back pain radiating to the bilateral lower extremities, right side greater than left. The request is for lumbar traction. This patient has not had lumbar surgery, but has tried acupuncture and exercises uses TENS unit at home. According to ODG guidelines regarding traction for lumbar spine, it states "any form of traction is probably not effective." ACOEM guidelines page 300 also states, "traction has not been proven effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended." Given the lack of support from the guidelines for lumbar traction, recommendation is for denial. The request for lumbar traction is not medically necessary.