

<b>Case Number:</b>	CM14-0000047		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	11/06/1990
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Illinois. 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 62 year old female who reported an injury on 11/06/1990. The mechanism of injury is unknown. The clinical note dated 12/13/2013 the injured worker reported 10 plus years of neck and lower back pain. The injured worker reported due to the pain it had limited her activity level, she is unable to sit, stand for long periods of time, unable to swim, bike and core strengthening exercise. The injured worker continued to use the LSO brace, TENS unit as well as her pain medication which were not covering her pain levels. The MRI on 10/2013 revealed minimal anterolisthesis at L5-S1 with endplate degenerative changes, disc herniation and 2 mm posterior disc herniation laminectomy. The injured worker underwent an L5-S1 fusion in 1995 with hardware removal in 1998. The injured worker was prescribed Prilosec, Motrin, Norco, Pravastatin, Sertraline, Atenolol, and Losartan. The physical exam noted the right and left lower extremity with 5/5 strength in all muscle groups. Lumbar spine noted no abnormalities, tenderness to palpation over left and right upper lumbar facet joints, lower lumbar facet joints. The provider requested 5x bilateral medial branch block L4-S2. The request for authorization was not provided in the clinical documentation submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**5X BILATERAL MEDIAL BRANCH BLOCK L4-S2:** 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): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint medial branch blocks.

**Decision rationale:** The injured worker reported 10 plus years of neck and lower back pain. The injured worker reported due to the pain it had limited her activity level, she is unable to sit, stand for long periods of time, unable to swim, bike and core strengthening exercise. The injured worker continued to use the LSO brace, TENS unit as well as her pain medication which were not covering her pain levels. The American College of Occupational and Environmental Medicine note facet joint injection have limited research-based evidence. However the Official Disability guidelines note medial branch blocks not recommended except as a diagnostic tool. Minimal evidence for treatment. The guidelines also note no more than 2 joint levels may be blocked at any one time. The current request is for 3 levels. The request for 5 blocks exceeds the amount of injections allowed overall. In addition, Official Disability Guidelines do not support medial branch blocks at a fused level. The injured worker has a history of L5-S1 fusion. The request for Bilateral Medial Branch Block is not medically necessary.