

<b>Case Number:</b>	CM14-0004130		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	05/21/2009
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 and is licensed to practice in Texas and New York. 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 female who reported an injury on 05/21/2009 due to unknown mechanism. The injured worker is complaining of back pain. Physical examination on 12/12/2013 revealed mild tenderness over the cervical paraspinal and trapezius muscle. Positive straight leg test at 90 degrees bilaterally. The supine straight leg test was positive at 90 degrees bilaterally. An MRI on 09/23/2013 showed 2mm disc bulge at L3-4, moderate to severe facet arthropathy and narrowing on the left, 4-5mm disc bulge at L4-5 and a 4-5mm disc protrusion at L5-S1 with associated annular fissure and moderate facet arthropathy. The current diagnoses were cervical spine strain, lumbar spine multilevel discopathy, lower extremity radiculitis, varicose vein bilateral lower extremities. The treatment was for lumbar spine facet injections and home exercising. Medication reported was rulox 20mg for treatment of stomach acid. The rationale and request for authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL L3-L4 MEDIAL BRANCH NERVE INJECTION:** 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 MEDIAL BRANCH BLOCKS AND FACET JOINT PAIN, SIGNS AND SYMPTOMS.

**Decision rationale:** The request for bilateral L3-L4 medial branch nerve injection is not medically necessary. Official Disability Guidelines states that MBB is not recommended except as a diagnostic tool. Diagnostic blocks are not required as there are no findings on physical exam or imaging studies that are consistent with this diagnosis. The suggested indicators of pain related to facet joint pathology are tenderness to palpation over the facet region, a normal sensory examination, absence of radicular findings, although pain may radiate below the knee, normal straight leg raising exam There is no documentation of failed medications, physical therapy. The injured worker does not have reports from physical therapy or documentation of failed medications. Therefore, the request is not medically necessary.