

<b>Case Number:</b>	CM14-0004572		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	07/15/2013
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Orthopedic Surgery 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:

The injured worker is a 57-year-old male was reportedly injured on July 15, 2013. The mechanism of injury was not listed in these records reviewed. A bone scan was done on January 20, 2014. The most recent progress note, dated December 16, 2013, indicated that there were ongoing complaints of low back pain and left buttock pain as well as left lateral calf pain. The injured employee also has paresthesias in the left proximal calf, ball of his foot and lateral three toes. Additionally, there were complaints of weakness in his left leg. The injured employee has previous injury to his low back times two. It was reported that all previous symptomology resolved. It was also noted that the low back pain was greater than the leg pain. Pain scale was 7.5/10 to 9/10. The physical examination demonstrated a male who is 6 feet tall and weighs 202 pounds. The patient has a slow shuffling gait with a slight limp. He was able to toe-heel walk with some difficulty. Examination of his back revealed tenderness over bilateral facet joints, left greater than right, as well as left SI joint and left sciatic notch. Range of motion of lumbar spine was as follows: Flexion 50, extension 10, right lateral bending 105 and lateral bending 10. Neurological exam revealed reflexes 2/4 symmetrically and strength 5/5 bilaterally. Straight leg raise only reproduced back pain. Diagnostic imaging studies of the lumbar spine reported six lumbar type vertebrae with mild scoliosis. MRI revealed there was moderate to severe degenerative disc disease at L2-L3 through L4-L5 with diffuse facet joint arthritis, severe left sided foraminal narrowing and probable large meningioma in the S1 vertebral body. A bone scan was done on January 20, 2014 and revealed increased activity in the left iliac crest. Previous treatment included physical therapy, oral medications, left knee arthroscopy on May 3, 2012 and podiatry care. Request had been made for medial branch block on the left at L4-L5 and L5-S1 and was not certified in the pre-authorization process on January 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICAL BRANCH BLOCK ON THE LEFT AT L4-5 AND L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Facet Joint Diagnostic Blocks (Injections).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-312. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Page 102 & 127.

**Decision rationale:** According to the guidelines, lumbar medial branch blocks aid in determining whether or not a claimant is a candidate for rhizotomy. The criteria for support includes nonradicular pain where no more than two levels are being injected bilaterally and when objective evidence of pain is noted, that is significantly exacerbated by extension and rotation or associated with lumbar rigidity. There also has to be suboptimal response to other conservative treatment modalities. Lumbar facet neurotomy produces mixed results. Based on the patient's history previous, surgical intervention and documentation, this request is not medically necessary.