

<b>Case Number:</b>	CM14-0105039		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	12/07/2013
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 and 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:

The patient is 43 year old female with an injury date of 12/07/13, per the 05/28/14 report by [REDACTED]. The patient presents with bilateral back pain "75%" with radiation to the posterior anterior thigh not past the knee. Pain is described as aching, throbbing, and burning with pain ranked 9/10. The patient walks with a limp. Examination shows tenderness to palpation of the paraspinous area. The 05/07/14 report states straight leg raise is back pain only left and right. Facet loading test is positive left and right. The patient is post gastric bypass October 2012. The 03/14/14 MRI lumbar without contrast states the following conclusion: Mild lower lumbar hyperlordosis, disc/endplate degeneration with a small right eccentric disc extrusion/bulge at L5-S1, mild lower lumbar facet/ligamentum hypertrophy, disc extrusion/bulge at L5-S1 may minimally about the S1 nerve roots right greater than left, mild bilateral L5-S1 foraminal narrowing; and L5 nerve roots appear to exit freely. The patient's diagnoses include: Lumbago, pain lumbar spine, lumbar disc degenerationspondylosis without myelopathy lumbar, sacroiliitis "NEC", obesity "NOS". The utilization review being challenged is dated 06/05/14. The rationale is that the patient has radicular pain. Reports were provided from 01/15/14 to 05/23/14

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3-5 medial branch block (bilateral lumbar facet - single, bilateral lumbar facet - additional, moderate sedation, and fluoroscopic guidance):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 - Lumbar & Thoracic (Acute & Chronic) chapter, Facet Joint Pain, Signs & Symptoms.

**Decision rationale:** The patient presents with bilateral back pain with radiation to the posterior anterior thigh not past the knee. The provider requests for Bilateral L3-5 Medial Branch Block Bilateral lumbar facet-single, bilateral lumbar facet-additional moderate sedation and Fluoroscopic guidance. ODG guidelines state that the criteria for the use of diagnostic blocks for facet mediated pain is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally and the patient must have facet pathology. Furthermore, documentation showed failure of conservative treatment (including home exercise, physical therapy and NSAIDs) prior to the procedure for at least 4-6 weeks. On 05/23/14 the provider states, "Differential diagnoses likely facet arthropathy versus SI joint dysfunction versus degenerative disc disease, MRI evidence of herniated disc at L5-S1 with possible impingement on the bilateral S1 nerve." This report also states the request is for diagnostic purposes and that if successful repeat injection and medial branch radiofrequency will be the next step. If unsuccessful SI joint injection will be the next step. The 05/07/14 report states the patient has tried physical therapy, TENS acupuncture, and chiropractic treatment with some improvement and has never had a spine injection. The reports provided do not show a prior Medial Branch Block. In this case, the patient has proximal radiation but examination showed positive facet loading. The patient has failed conservative care and given the patient's pain which is primarily located in bilateral back, facet diagnostic evaluation appears reasonable. Considering the differential diagnoses, recommendation is for authorization.