

<b>Case Number:</b>	CM14-0105377		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/14/2006
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/17/2014
<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 a 44-year-old male with a date of injury of 04/14/2006. The listed diagnoses per [REDACTED] are: 1. Lumbar degenerative disk disease. 2. Lumbar radiculitis. 3. Failed back syndrome. 4. Lumbar myofascial pain syndrome. 5. Bilateral ankle internal derangement. 6. Bilateral ankle osteoarthritis. 7. Degenerative joint disease. 8. Lumbar facet syndrome. According to progress report 04/08/2014, the patient presents with persistent low back pain, stiffness, and soreness radiating to both bilateral hips and down bilateral buttocks. He rates his pain level 6-7/10. Examination of the lumbar spine revealed flexion 45 degrees and extension 10 degrees with minimal pain at extremes of range of motion. He has some moderate tenderness to palpation over the L4-L5 paravertebral muscles and facet joints at level L4-L5 bilaterally. Straight leg raise testing is negative. Treater is requesting patient undergo bilateral L4-L5 medial branch blocks. Utilization review denied the request for the medial branch block on 06/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Lumbar 4-Lumbar 5 Medial Branch Blocks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Facet joint signs & symptoms.

**Decision rationale:** This patient presents with persistent low back pain, stiffness, and soreness radiating to both bilateral hips and down bilateral buttocks. Treater is requesting patient undergo bilateral L4-L5 medial branch blocks. Workers' Compensation re-evaluation report from 04/09/2014 reviewed an MRI of the lumbar spine from 07/09/2013, which revealed status post L4-L5 interbody fusion. Additional left-sided L4-L5 transpedicular screws with vertical stabilization rod. ACOEM Guidelines do not discuss facet injections for treatment, but do discuss dorsal medium branch block as well as radiofrequency ablation on page 300 and 301. ODG also support facet diagnostic evaluations for patient presenting with paravertebral tenderness with non-radicular symptoms. ODG also states that facet evaluation should not take place where the levels are fused. In this case, the patient presents with diagnosis of lumbar radiculitis and more importantly, the patient has fusion at L4-L5 and facet evaluations are not recommended over fused levels. The request is not medically necessary.