

<b>Case Number:</b>	CM14-0106278		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/23/2012
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Family Practice 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 50 year old male who sustained an injury to his low back on 05/23/12 while lifting a counterweight for a machine when he felt acute lumbar spine pain. The injured worker continued to work at his regular job and was hopeful that his symptoms would subside. However, due to persistence of symptoms, the injury was reported and he was sent to the clinic for examination. Conservative measures were recommended consisting of medications, physical therapy, modified duty, and chiropractic manipulation treatment. Transcutaneous electrical nerve stimulation (TENS) unit was eventually recommended as well. The injured worker received six visits of physical therapy, which he did not find were helpful. MRI of the lumbar spine dated 03/06/14 revealed disc/endplate degeneration with decreased prominence and tiny disc protrusion/disc bulge at L5-S1 without evidence of impingement. The injured worker underwent two epidural steroid injections at right S1, the most recent in 12/12. The first injection improved his pain by 50% for two weeks, the second only minimally. Clinical note dated 07/15/14 reported that the patient continued to complain of low back pain 8/10 VAS. He stated that pain medication improved his pain by 60%. Physical examination noted non-antalgic gait; normal lumbar lordosis; mild spasm; tenderness to palpation of the paraspinous and sacroiliac joint; facet loading positive bilaterally; range of motion rotation no restrictions, lateral flexion mild restriction; muscle strength 5/5 throughout the bilateral lower extremities; patellar reflexes 2/4 bilaterally, Achilles reflexes 1/4 bilaterally; sensation intact; Faber's, sacral thrust, Gaenslen's and bilateral compression testing negative; heel/toe walk normal. The patient was diagnosed with lumbago and recommended facet joint injections/medial branch blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L3-5 Medial Branch Block Injection 64493, 64494, 99144, 77003:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment For Workers' Compensation, Online Edition, Chapter: Low Back Lumbar & Thoracic (Acute & Chronic).

**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 chapter, Facet joint diagnostic blocks (injections)

**Decision rationale:** The request for right L3-4 and L4-5 medial branch block injections is not medically necessary. The previous request was denied on the basis that recent failure with recommended conservative care including physical therapy was not evident in the clinical documentation submitted to warrant the requested injection. There was also no objective examination and imaging evidence of facet mediated pain at the right L3 through 5 levels to warrant injections. Although the injured worker was mentioned to be suffering from "nervousness" there was no indication that he suffers from extreme anxiety to warrant the use of sedation during the procedure. The Official Disability Guidelines state that there must be documentation of failure of conservative treatment (including home exercise program, physical therapy, and NSAIDs) prior to the procedure for at least four to six weeks. There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the injured worker had completed to date or their response to any previous conservative treatment. The Official Disability Guidelines also state that the use of IV sedation (including other agents such as Midazolam) may be grounds to negate the results of diagnostic block and should only be given in cases of extreme anxiety. There was no indication that the injured worker suffers from extreme anxiety or has a needle phobia that would warrant the use of IV sedation. Given this, the request for right L3-4 and L4-5 medial branch block injections is not indicated as medically necessary.