

<b>Case Number:</b>	CM14-0107851		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/14/2009
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 who has submitted a claim for lumbar disc disorder, lumbar radiculopathy and low back pain associated with an industrial injury date of January 14, 2009. Medical records from 2014 showed that the patient complained of low back pain that radiated to both lower extremities along the posterior thigh distribution. On examination, he was found to have a loss of normal lordosis of the lumbar spine, restricted lumbar range of motion (ROM), positive lumbar facet loading maneuver bilaterally, positive straight leg raise bilaterally, 1/4 ankle jerk reflex on the right, 2/4 ankle jerk reflex on the left, and bilateral facet tenderness at L3-4, L4-5 and L5-S1. Motor examination showed 5-/5 on left extensor hallucis longus (EHL), knee flexors bilaterally and hip flexor bilaterally. Sensory examination showed decreased light touch over the medial calf, lateral calf, L4 and L5 extremity dermatomes and first toe on the left side. Treatment to date has included medications, work and activity modifications, and physical therapy, as well as surgery, which, according to a chart note dated 12/17/2012, was a fusion and disc replacement with residual pain in the lumbar spine. A utilization review dated 6/20/2014 denied the request for medial branch block at right L3, L4, L5, and S1 because it was unclear whether he had undergone a fusion procedure and because he had evidence of radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial branch block at right L3, L4, L5, and S1, Nerves: 4,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300-301.  
Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back-Lumbar & Thoracic (Acute & Chronic) Chapter, Facet Joint Injections, Lumbar, and the ODG: Low Back-Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Facet joint therapeutic steroid injections.

**Decision rationale:** The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines were used instead. ODG states that medial branch blocks are generally considered as diagnostic blocks. While not recommended, criteria for use of medial branch blocks are as follows: there should be no evidence of radicular pain, spinal stenosis, or previous fusion; if the medial branch block is positive, the recommendation is subsequent neurotomy; and there should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, focal neurologic deficits suggestive of radiculopathy were noted, such as low back pain radiating to the posterior thighs, decreased sensation of the lower extremities, and a positive straight leg raise test. The guideline criteria were not met. Likewise, there was no objective evidence of failure and exhaustion of guideline-supported conservative treatments to relieve pain. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for medial branch block at right L3, L4, L5, and S1, Nerves: 4, is not medically necessary.