

<b>Case Number:</b>	CM14-0108541		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/26/2007
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/25/2014
<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:

This is a 55 year old female with a 9/26/07 injury date. She attributes her back pain to repetitive bending and twisting while working as a pharmacy technician. In a follow-up on 8/8/14, subjective findings included lower back pain with radiating left leg pain. There is 90% low back pain and 10% leg pain. Objective findings include tenderness directly over the facet joints and pain with lumbar extension and with facet loading. Strength is 5/5 except for right EHL which is 4/5. Sensation is decreased to light touch over the L4 dermatome on the right. Reflexes are symmetric. An EMG of the lower extremities on 5/20/08 was normal. A lumbar spine MRI on 5/9/08 showed scattered facet arthrosis most prominent at the L4-5 level. Diagnostic impression: lumbar facet arthropathy. Treatment to date: medications, electrical stimulation, manual therapy, physical therapy, home exercise. The prior UR decision is not available in the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Medial Branch Block L4-L5 and L5-S1; joints:2; Side:both:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Pages 300, 309.

**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--medial branch blocks.

**Decision rationale:** CA MTUS does not address this issue. ODG states that medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally; conservative treatment prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. In the present case, it is clear from the records that the procedure is intended for diagnostic purposes in order to plan for possible facet joint blocks in the future. The patient's symptoms and objective signs support primarily axial back pain, and this is corroborated with imaging and EMG studies which do not show evidence of a radiculopathy. The patient has also failed multiple conservative modalities in the past. Therefore, the request for 1 Medial Branch Block L4-L5 and L5-S1; joints:2; Side:both, is medically necessary.