

<b>Case Number:</b>	CM14-0010790		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/07/2005
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Pain Medicine, and is licensed to practice in Texas. 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 54-year-old male who sustained injuries to his low back on 07/07/05 after a slip and fall in a restaurant secondary to oil on the floor. The injured worker slipped and fell backward, injuring his low back and right shoulder. He was taken to the emergency room. Plain radiographs were obtained and medication was dispensed. The injured worker continues to complain of constant low back pain that radiated down the bilateral lower extremities, right greater than left with associated tingling, numbness and paresthesia. MRI (magnetic resonance imaging) of the lumbar spine dated 09/28/09 revealed L5-S1 disc degeneration; mild disc degeneration at L4-5 with neural foraminal narrowing; 2 cm right renal cyst. Physical examination noted increased lumbar lordosis; range of motion restricted; paravertebral muscle spasm; localized tenderness; exaggerated response to light touch; straight leg raise positive at 20-30°; non-dermatomal diminished sensation to light touch; reflexes one plus and hypoactive; hyperextension maneuver of the lumbar spine positive. The injured worker was diagnosed with right lumbar radiculitis and sciatica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL L3, L4 DIAGNOSTIC MEDIAL BRANCH BLOCK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG), Low Back Procedure Summary, Criteria for the use of diagnostic blocks for facet "mediated" pain.

**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 previous request was denied on the basis that the injured worker had already received three epidural steroid injections from a different provider. This would indicate the presence of an active radiculopathy. The Official Disability Guidelines (ODG) states that medial branch blocks should be limited to patients with low back pain that is not radicular and at no more than two levels bilaterally. The ODG also states that there must be documentation of failure of conservative treatment including home exercise, physical therapy and non-steroidal anti-inflammatory drugs (NSAIDs) prior to the procedure for at least 4 to 6 weeks. There was no information provided that would indicate the amount of physical therapy visits that the injured worker has completed to date or the injured worker's response to any previous conservative treatment. Given the clinical documentation submitted for review, medical necessity of the request for bilateral L3-4 diagnostic medial branch blocks has not been established. The recommend is for non-certification.