

<b>Case Number:</b>	CM14-0154711		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	01/03/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 48-year-old male with date of injury of 01/03/2013. The listed diagnoses per [REDACTED] from 08/26/2014 are L3-L4 far left lateral 3.9-mm disk protrusion with displacement of the lateral aspect of the left exiting L3 nerve; L4-L5 and L5-S1 neuroforaminal stenosis bilaterally; lumbosacral spondylosis without myelopathy; and status post right L3-L4, L4-L5, L5-S1 lumbar transforaminal epidural injection from 07/17/2014. According to this report, the patient complains of low back pain. The patient is status post right L3-L4, L4-L5, L5-S1 lumbar transforaminal epidural injection from 07/17/2014. He reports 60% pain relief. Current pain level is 8/10 and is described as aching, sharp in the low back, shooting and numbness down the right leg. The examination shows the patient is well in appearance, in no apparent distress. Facet tenderness is present on the right lumbar spine at L3, L4, L5, and S1 levels. Range of motion of the lumbar spine is decreased due to pain especially on extension. The patient is currently experiencing dizziness, numbness, and loss of balance. Motor exam shows muscle tone does not reveal any asymmetries of bulk or tone. Patellar reflexes are 2/4. The utilization review denied the request on 09/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right medial branch blocks at the L3, L4, L5, and S1 levels under fluoroscopic guidance:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2014, Low back chapter, facet joint diagnostic blocks (injection)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet joint diagnostic blocks (injections)

**Decision rationale:** This patient presents with low back pain. The provider is requesting a right medial branch block at the L3, L4, L5, and S1 levels under fluoroscopic guidance. The ACOEM Guidelines do not support facet injections for treatment but does discuss dorsal medial branch blocks as well as radiofrequency ablations. Official Disability Guidelines also support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally are recommended. The 07/17/2014 report notes that the patient underwent a right L3-L4, L4-L5, L5-S1 lumbar transforaminal epidural injection under fluoroscopic guidance. It was further noted, "The patient has severe low back pain with radiculopathy and has failed more conservative therapy such as NSAIDs and physical therapy." In this case, Official Disability Guidelines do not support facet evaluation when radicular symptoms are present, and this patient recently underwent a TESI which requires documentation of radiculopathy. Therefore, this request is not medically necessary.