

<b>Case Number:</b>	CM14-0022801		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	03/13/2013
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 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:

This is a patient with a date of injury of 3/13/13. A utilization review determination dated 2/13/14 recommends non-certification of medial branch blocks. 3/3/14 medical report identifies low back pain 6/10. On exam, there is limited ROM, paravertebral tenderness, and positive facet loading on the left. There is EHL weakness 4/5 on the left. Treatment has included PT, HEP, TENS, and medications. Patient is s/p LESI 12/18/13 with no radiating leg pain at the time of the 2/13/14 exam. On occasion, there is some tingling and shooting pain, but decreased in severity and frequency since the ESI. 2/3/14 medical report identifies low back pain increased since last visit. Pain relief from the epidural is starting to wear off. It was very helpful for pain traveling down legs, but he continues to have axial back pain on the left and is interested in pursuing medial branch blocks. On exam, there is limited ROM and positive lumbar facet loading on the left. There was decreased sensation over the L5 and S1 dermatomes on the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MEDIAL BRANCH BLOCK AT L3, L4, L5, S1 AND SACRAL ALA ON THE LEFT:**

Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Block.

**Decision rationale:** Regarding the request for medial branch block at L3, L4, L5, S1 and sacral ala on the left, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Within the documentation available for review, it appears that the patient's radicular complaints have largely subsided following an epidural steroid injection. Additionally, the patient has physical examination findings supporting a diagnosis of facet arthropathy and has failed conservative treatment. The 4 levels currently being requested correspond with the L4/5 and L5/S1 facet joints, which is within the maximum of 2 joint levels recommended by guidelines. As such, the currently requested medial branch block at L3, L4, L5, S1 and sacral ala on the left are medically necessary.