

<b>Case Number:</b>	CM14-0022935		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	02/27/2013
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/20/2014
<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 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:

This patient is a 33-year-old female with date of injury 02/27/2013. Per treating physicians report 12/16/2013, the patient presents with pain in her back, stabbing in her right low back as well as aching in her hips at an intensity of 7/10. Examination showed normal neurologic findings of the lumbar spine. Straight leg raise were negative bilaterally, diminished range of motion in lumbar spine, under tenderness the treating physician has "glutol(?)" on the right and left. MRI report from October 2013 showed minimal scoliosis, minimal disk bulge with annular fissure at L5-S1. The treating physician's diagnostic impressions were lumbosacral sprain, lumbar disk herniation at L5-S1 with annular tear, lumbar facet syndrome. Under treatment and recommendations, the treating physician indicates that the patient has tenderness over the facet joints and increased pain with lumbar extension and rotation, and request was for medial branch blocks bilaterally at L4-L5-S1. 01/13/2014 report states, "She feels the same. She has not received chiropractic treatments yet." Treatment plan was for chiropractic. 09/27 report by another physician, neurologist, states the patient has constant lumbar spine pain, one ranging from 1/10 to 8/10. She only had minimal pain. Pain radiates to the front of abdomen across the top of the right iliac crest, denies numbness at the bilateral lower extremities. Examination of the lumbar spine was normal for flexion, extension, lateral flexion bilaterally, no tenderness to palpation. Recommendation was for referral to pain management evaluation for consideration of additional epidural facet blocks. The request for facet diagnostic evaluation was denied by utilization review 01/20/2014, with rationale that there was no diagnostic evidence of facet pathology on radiology workup, and that generally medial branch blocks are considered if there is facet pathology confirmed on radiographic workup as well as clinical exam.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDIAL BRANCH BLOCKS BILATERAL L4-L5, L5-S1 QTY:2.00:** Upheld

**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): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Block Section.

**Decision rationale:** When reading ACOEM Guidelines page 300 and 301, diagnostic medial branch blocks are supported. The ODG Guidelines provide more detailed discussion regarding facet diagnostic evaluation. Facet diagnostic evaluations are indicated for facet paravertebral tenderness, no radicular symptoms or straight leg raise testing, normal sensory examination, normal straight leg raise exam. ODG Guidelines further recommend "one set of diagnostic medial branch block is required with the response of greater than 70%" and no more than 2 levels are recommended bilaterally. In this case, the patient presents with lateralized pain, paravertebral tenderness to palpation with pain that is primarily on the right side. The treating physician has asked for 2-level bilateral medial branch blocks, which is indicated. Nowhere does it state in ACOEM Guidelines or ODG Guidelines that radiographic finding of facet arthropathy is required, contrary to utilization reviewer's belief. However, the request is for quantity of 2. Updated ODG Guidelines do not recommend more than 1 set of diagnostic median branch blocks with the required response greater than 70%. The request is not medically necessary.