

<b>Case Number:</b>	CM14-0025213		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	03/31/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Minnesota. 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 48-year-old male who reported an injury on 03/31/2012 due to a strain he received lifting multiple boxes of 75 lbs. in a 45-minute time frame. The injured worker complained of low back pain that radiated down the bilateral lower extremities. The injured worker rated his pain at 6/10 with medications and 7/10 without medications. He also stated that the pain increased with activity and walking. Physical examination findings revealed tenderness upon palpation to the right L4-S1 facet joints. The range of motion of the lumbar spine was slightly limited secondary to pain. Pain was significantly increased with extension and rotation. The injured worker's straight leg raise at 90 degrees in sitting position was negative bilaterally. The injured worker underwent MRI of the spine on 06/11/2012. The images showed mild to moderate disc height loss at L3-4. The MRI showed no evidence of significant disc herniations, nor of spinal canal or neural foraminal stenosis. The injured worker's diagnoses are lumbar facet arthropathy, lumbar radiculitis, and chronic pain. The injured worker's report shows no evidence of conservative care attempted. The rationale for the request and the request for authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT L4-S1 MEDIAL BRANCH BLOCK AS OUTPATIENT:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Lower back, Facet joint medial branch blocks (therapeutic injections) and Facet joint diagnostic blocks (injections).

**Decision rationale:** The request for a left L4-S1 medial branch block as an outpatient is not medically necessary or appropriate. The injured worker complained of low back pain that radiated down the bilateral lower extremities. He rated his pain at 6/10 with medications and 7/10 without medications. The notations on the report regarding range of motion were vague in description, stating the injured worker showed reduced motion on flexion and extension. The MRI does not document any facet arthropathy. Per Official Disability Guidelines (ODG), facet injections are not recommended except as a diagnostic tool. The guidelines state further that blocks are limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally. There must also be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. Given the above, with lack of evidence as to what conservative care has been effective or non-effective to the injured worker, the request for left L4-S1 medial branch block as outpatient is not medically necessary or appropriate.