

<b>Case Number:</b>	CM14-0026927		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	12/30/2011
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 36 year old male plumber who sustained a work related injury on 12/30/2011 as a result of slipping and landing on his buttock while carrying a 90 pound jackhammer. Since this incident, he has had a continual complaint of lower back pain with radiation along the anterior right thigh. His pain gradually worsened despite conservative management. A lumbar MRI performed on April 24, 2013 demonstrates a transitional anatomy at the lumbosacral junction with a partial sacralized L5; L4-5 focal disc protrusion with annular fissure resulting in mild bilateral lateral recess narrowing and mild left neural foraminal narrowing. The patient reports on the Worker's Compensation follow-up visit dated 01-23-2014 that he had no pain relief in his back or right leg following the right L3-4 and L4-5 transforaminal epidural steroid injection performed on Nov 22, 2013. His non-operative pain management consists of the use of Medrol dose packs, prednisone, Flexeril, soma, ibuprofen, Vicodin, Norco and Naprosyn with differing level of response. In dispute is a series of medial branch blocks at the L2, L3 and L4 Levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L2, L3, L4 MEDIAL BRANCH BLOCKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 - Lumbar & Thoracic (Acute & Chronic), Facet joint medial branch blocks (therapeutic injections).

**Decision rationale:** The Official Disability Guidelines or ACOEM guidelines recommend medial branch blocks except as a diagnostic tool. In addition, the following criteria are used for diagnostic blocks for facet-mediated pain; Clinical presentation should be consistent with facet joint pain, signs & symptoms. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. It is Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment (including home exercise, physical therapy and NSAIDs) prior to the procedure for at least 4-6 weeks No more than two facet joint levels are injected in one session (see above for medial branch block levels). The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Therefore, the request is not medically necessary.