

<b>Case Number:</b>	CM14-0030320		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/05/2012
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 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 gentleman with the date of injury of 11/05/12. The patient has a back and knee injury caused by a fall at work. The patient has radicular symptoms, and has had extensive treatment to date, including medications, therapy, modified activity, chiro and acupuncture. An MRI was done on 1/11/13, and submitted PTP reports indicate that there is grade I spondylolisthesis at L5-S1 with pars defects, lumbar disc herniation at L4-5 with left NF narrowing. Another MRI was done on 1/17/14, and this showed degenerative disc disease and facet arthropathy with retrolisthesis L4-5 and Grade I anterolisthesis at L5-S1 with bilateral L5 spondylolysis. There is NF narrowing at L3-4 on the right and L4-5 and the left. It is severe at left L5-S1. Electrodiagnostic studies on 12/05/13 showed no findings suggestive of lumbar radiculopathy. A pain consult was done on 11/21/13. The patient has persistent back and lower extremity pain. There was left weakness, numbness, and tingling. Exam showed tender points and a positive facet loading. SLR was positive on the left. There is reduced left quad, hamstring, dorsiflexion and plantar flexion. Diagnoses listed by the pain specialist include Grade I spondylolisthesis at L5-S1, lumbar disc herniation with left NF narrowing at L4-5, lumbar radiculopathy at left L4 and L5, and facet arthropathy at left L4-5/L5-S1. Request was made for both ESI and medial branch block. It was submitted to Utilization Review with an adverse decision rendered on 2/11/14. Facet MBB was denied as the patient had radicular symptoms, and the ESI was denied on a basis of normal EMG/NCS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial branch block left L4-5, L5-S1:** 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, Facet Joint Injections (Diagnostic).

**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, Facet joint diagnostic blocks (injections).

**Decision rationale:** Guidelines support the use of diagnostic medial branch blocks in patients who have low back pain that is non-radicular following 4-6 weeks of failed conservative care. In this case, the patient has clear symptoms, exam findings and diagnostic imaging that support the diagnosis of lumbar radiculitis. Medial branch blocks are not indicated and are not medically necessary in light of the radicular syndrome.