

<b>Case Number:</b>	CM14-0031739		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/26/2004
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Oklahoma and Texas. 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 54-year-old male who reported an injury on 06/24/2004, caused by an unspecified mechanism of injury. The injured worker has a history of lower back pain radiating to the left leg, and moderate upper back pain. The injured worker had a diagnosis of displacement of the lumbar intervertebral disc without myelopathy, lumbosacral spondylosis without myelopathy; lumbar sprain, thoracic sprain, and thoracic spondylosis without myelopathy. The MRI of the lumbar spine dated 02/05/2014 revealed a mild to moderate spinal stenosis at the L3-4 with a 3 mm central protrusion, a disc bulging at the L4-5 and L5-S1 measuring 1.5 mm, and moderate spinal stenosis at the L3-4. The injured worker had a medial branch block on 02/06/2014 at the L4-5 and L5-S1 with decreased pain and increased weakness. The clinical note dated 02/26/2014 revealed the objective findings of the lumbar spine with tenderness to palpation of the bilateral paraspinal muscles, consistent with spasm; lumbar facet loading bilaterally; negative straight leg raise bilaterally. The motor strength testing revealed motor strength a 4/5 bilaterally to both upper and lower extremities. Sensory exam revealed grossly intact to light touch, pinprick throughout with the upper and lower extremities with the exception of the left L5 and S1 dermatomes in the lower extremities, which were diminished. The sensory function at the C5, C6 with diminished dermatomes; deep tendon reflexes were normal. Reflexes were symmetrical at 2+/4 in the upper and lower extremities. The past treatment included a TENS unit and physical therapy. Per the clinical note the injured worker had a left L5-S1 transforaminal epidural steroid injection dated 06/03/2014. The medication included Norco 10/325 mg, Flexeril 10 mg, Voltaren gel 1%/100 grams. The injured worker reported pain rated 5/10 at its best; and 8/10 being the worst using a VAS scale. The treatment plan included a diagnostic differential bilateral medial branch block at the L4, L5, and S1. The

request for authorization dated 01/16/2014 was submitted within the documentation. No rationale provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Diagnostic differential bilateral MBB, L4, L5, and S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-309.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** The request for the diagnostic differential bilateral medial branch block L4, L5, and S1 is not medically necessary. The California MTUS/ACOEM Guidelines state lumbar facet neurotomies reported produced mixed results. Facet neurotomies should be performed only after appropriate investigation involved controlled differential dorsal ramus medial branch diagnostic blocks. The injection to the lower lumbar spine is not recommended. The objective findings dated 03/05/2014 indicated normal findings. The documentation provided did not support the need for a medial branch block as the therapeutic neurotomy is not recommended by guidelines. As such, the request is not medically necessary.