

<b>Case Number:</b>	CM14-0032663		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/21/1988
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Texas and Oklahoma. 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 73-year-old male who reported an injury on 12/21/1988. The mechanism of injury was not provided. The clinical note dated 02/18/2014 noted the injured worker presented with low back discomfort, which was aggravated with standing up straight or extension. Prior therapy included medial branch rhizotomies at the L3, L4, and L5 levels, as well as medication and surgery, and physical therapy. Upon examination, the injured worker ambulated independently. When standing, he tended to bend both knees or he had a forward flexed posture. He had restrictions with range of motion of the lumbar spine with extension and side bending bilaterally, decreased sensation on the bottoms of the bilateral feet. Reflexes for the patellae and Achilles were both hypoactive, and there was noted decreased strength with his extensor hallucis longus muscle at the left, with mild edema noted around the ankles. The diagnoses included lumbosacral spondylosis, multilevel degenerative disc disease with mild stenosis noted at the L4-5 level, facet syndrome, and low back pain. The provider requested a medial branch block at bilateral L3, L4, and L5 under sedation. The provider's rationale was that the injured worker responded well to facet rhizotomies in the past, and if he responded well then a facet rhizotomy would be requested. The clinical documentation did not include a Request for Authorization form.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopic guided medial branch block at bilateral L3 L4 and L5 under sedation:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC, Low Back, Criteria for use of diagnostic medial branch blocks for facet mediated pain.

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

**Decision rationale:** The included medical documentation noted decreased sensation at the bottom of the bilateral feet, decreased strength to the extensor hallucis longus on the left, hypoactive reflexes, and a negative straight leg raise test. There is a lack of objective findings to support a diagnosis of facet pain. The included medical documents lack evidence of a positive response to previous rhizotomies, and there is no documentation of objective pain and functional improvements. The included medical documentation lacked evidence of the failure of conservative treatment for at least 4 to 6 weeks. The provider's request indicated the use of sedation; however, there was no evidence of extreme anxiety to warrant the use of IV sedation. As such, the request is non-certified.