

<b>Case Number:</b>	CM14-0046447		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/12/2001
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Maryland. 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:

According to the documents for review, the patient is a 58 year old male. The patient sustained an injury to his low back with radiation down both legs. The date of injury is September 12, 2001. Patient currently complains of leg pain with weakness, numbness and tingling in both legs. Patient's current diagnoses include spinal stenosis, lumbar region, without neurogenic claudication. The patient is currently being treated with a multi-modal pain medication regimen consisting of Norco, Cymbalta and Celebrex. A request for L2-L5 medical branch block was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L2-L5 Medial Branch Block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Ed., Low Back Disorders Chapter (update to Chapter 12)ODG, Low Back Chapter, facet joint diagnostic blocks (injections) section.

**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).

**Decision rationale:** According to the ODG, the Suggested indicators of pain related to facet joint pathology (acknowledging the contradictory findings in current research):(1) Tenderness to palpation in the paravertebral areas (over the facet region);(2) A normal sensory examination;(3) Absence of radicular findings, although pain may radiate below the knee;(4) Normal straight leg raising exam.Indictors 2-4 may be present if there is evidence of hypertrophy encroaching on the neural foramen.Additionally, no more than two levels should be performed at any one time. The request for L2-L5 exceed two levels. Therefore, at this time, the requirement for treatment has not been met and is not medical necessary.