

<b>Case Number:</b>	CM14-0046976		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/14/2006
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Internal 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:

This is a 44-year-old obese man who was injured on April 14, 2006, causing lower back pain and bilateral foot pain. He is status post lumbar surgery (operative note is not available). A July 2013 MRI, reveals an L4 and L5 interbody fusion. There are screws with a vertical stabilization rod. He has degenerative disc and osteophyte disease, and facet arthropathy, ligamentum flavum redundancy, multilevel foraminal disease. His diagnoses include failed back syndrome, lumbar spine herniated nucleus pulposus (the exact lumbar level is not indicated, but presumably antedated the surgery, because it is not mentioned in the MRI); also, myofascial pain syndrome, lumbar disc disorder, lumbar radiculitis (level not defined) lumbar facet disease. He reports lumbar back pain ranging from 6 to 10, with radiation into both buttocks and hips. His medications include: Amlodipine, Soma, hydrocodone/acetaminophen 10/325, Lidoderm patch, Lunesta, OxyContin 80mg BID, Sprix (Ketorolac spray), Voltaren gel. It is not documented if he has tried Nortriptyline, Gabapentin, Lyrica, Cymbalta, etc. Other than benefiting from two Trigger Point Injections to the lumbar region, there is no other reference to conservative measures that have helped or not helped (such as physical therapy, chiropractic therapy, or acupuncture). This reviewer does recognize that these medical records date back only to mid-2013, so certainly any or all of these measures could have been previously tried.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-L5 Medial Branch Block under flouroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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, Facet Joint Diagnostic Blocks.

**Decision rationale:** The criteria for trying a diagnostic block for facet mediated pain include:- Limited to patients with low back pain that is non-radicular and covers no more than two levels bilaterally.-There's documentation of failure of conservative treatment (including home exercise, Physical therapy and anti-inflammatories) 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 medialbranch block levels).- Diagnostic facet blocks should not be performed in patients that had a previous fusion procedure at the planned injection level. This patient does not meet the above criteria. He had a fusion near or at the levels where the Medial Branch Block was planned. It is possible that the reported pain in the buttocks and hips are radicular in nature, not just myofascial. Failure of conservative treatment is presumed but should be documented. For all of these reasons, the diagnostic lumbar medial branch blocks are not deemed to be medically necessary.