

<b>Case Number:</b>	CM14-0077567		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	12/21/2011
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 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:

The injured worker is a 48 year old female who sustained injury to her low back on 12/21/11. The mechanism of injury is undisclosed. Progress report dated 04/14/14 reported that the injured worker complained of increased low back pain since previous visit with radiating pain, numbness, and tingling in bilateral lower extremities to the toes, right worse than left. Treatment to date has included twenty four visits of chiropractic manipulation treatment; twenty four visits of acupuncture, analgesic medications, nonsteroidal antiinflammatory drugs (NSAIDs), and muscle relaxants. Physical examination noted tenderness to palpation of the facets bilaterally at L4 to 5 and L5 to S1; range of motion flexion 14 degrees, extension 7 degrees, right lateral bending 12 degrees, and left lateral bending 10 degrees; 5-/5 muscle strength throughout bilateral lower extremities; positive straight leg raise left at 50 degrees causing radiating pain down to the foot and positive straight leg raise on the right at 90 degrees to the foot. MRI of the lumbar spine dated 10/24/13 reportedly revealed degenerative disc disease at L4 to L5 and L5 to S1 and facet arthropathy at the same level; electromyography and nerve conduction velocity (EMG/NCV) dated 01/21/14 revealed findings within normal limits. The injured worker was recommended for medial branch blocks at bilateral L4 to L5 and L5 to S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical Branch Block Bilateral L4-5, L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Low back.

**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 chapter, Facet joint medial branch blocks (therapeutic injections).

**Decision rationale:** Furthermore, clinical documentation noted radicular findings on examination. The California Medical Treatment Utilization Schedule (CA MTUS) states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, which was not provided for review. An electromyography/nerve conduction velocity (EMG/NCV) study of bilateral lower extremities dated 01/21/14 was unremarkable. The CAMTUS also states that the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, muscle relaxants). There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the injured worker had completed to date or the response to any previous conservative treatment. There was no indication that the injured worker was actively participating in a home exercise program. Given this, the request for medial branch blocks at bilateral L4 to L5 and L5 to S1 is not indicated as medically necessary.