

<b>Case Number:</b>	CM14-0091867		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/03/2011
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 Occupational 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:

Injured worker is a female with date of injury 11/3/2011. Per progress note dated 5/5/2014, the injured worker complains of low back pain. Her pain is localized to her low back, is constant and described as intermittently with sharp, shooting, dull. She reports weakness and balance problems with severe pain. She also reports numbness to her right lower extremity. She ambulates with the aid of can. Pain is exacerbated with climbing stairs. Pain is alleviated with changing positions. Chiropractor, physical therapy, and acupuncture treatments have not provided relief. She is status post lumbar facet x1 with good temporary relief. MRI of 3/16/2014 showed left sided disc protrusion at L5-S1 in posterior displacement of the left S1 nerve root within the spinal canal as well as moderate left neural foraminal narrowing with mild anterior displacement of the left L5 nerve root. The MRI also showed a small 3 mm synovial cyst extending from the posterior left L4-5 facet joint. Physical examination shows BMI of 47.8. The lumbar spine has exaggerated lordosis, restricted extension with pain and restricted twisting with pain. There is tenderness to palpation of L4, L5 at the midline. There is right SI joint tenderness. Sensation is decreased along the right calf. Diagnosis is lumbosacral spondylosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection Bilateral L3, L4, L5 Medial Branch Block with IV Sedation:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter, Facet Joint Diagnostic Blocks (Injections) section

**Decision rationale:** Per the MTUS Guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. This request is for diagnostic blocks which are not addressed by the MTUS Guidelines. The ODG recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The clinical presentation should be consistent with facet joint pain, signs and symptoms. The procedure should be limited to patients with low-back pain that is non-radicular and no more than two levels bilaterally. There should be documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDs for at least 4-6 weeks prior to the procedure. No more than two facet joint levels should be injected in one session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or in patients who have had a previous fusion procedure at the planned injection level. Per the request for treatment authorization letter dated 5/22/2014, the requesting physician explains that although the injured worker may have had radicular symptoms in the past, she currently does not with pain localized at the low back only. It is noted that the claims administrator modified this request to authorize the procedure without IV sedation. The rationale for not authorizing the IV sedation is that it may affect the ability to obtain a diagnostic block. IV sedation is short term however, and patients are still able to note if there are symptoms without high anxiety. The use of IV sedation is considered to be a provider preference, and is reasonable. The request for Injection; Bilateral L3, L4, L5 Medial Branch Block with IV Sedation is medically necessary.