

<b>Case Number:</b>	CM14-0055863		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	08/30/2011
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Rehab, has a subspecialty in Interventional spine 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 patient is a 48 year old male with an injury date on 8/30/11. The patient complains of low lumbar pain, left hip pain, and left ankle/foot pain per 4/2/14 report. The pain level has remained unchanged since the last visit per 4/2/14 report. The patient has "slight dizziness" after taking Norco but would like to continue trial as the patient feels it is somewhat effective for pain per 4/2/14 report. The patient rates his pain at 7/10, and has been worsening since the injury per 3/5/14 report. The left leg is 75% of the pain per 3/5/14 report. Based on the 4/2/14 progress report provided by the treating physician, the diagnoses are: 1. lumbar radiculopathy 2. lower back pain 3. hip bursitis 4. foot pain 5. pain in joint lower leg A physical exam on 4/2/14 showed "Decreased range of motion of L-spine. Straight leg raise positive on left side at 80 degrees. Tenderness to palpation and spasm of paravertebral muscles on the left side. Lumbar facet loading positive on left side. Tenderness at facet joints." The patient's treatment history includes medications, MRI L-spine, x-rays of left ankle/hip, and lower back, physical therapy two years ago (no benefit), home exercise program (no benefit). The treating physician is requesting medial branch block left L3, L4, L5. The utilization review determination being challenged is dated 4/16/14. The requesting physician provided treatment reports from 3/5/14 to 4/2/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial branch block left L3,L4,L5:** 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), Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (online version); Low Back, Diagnostic Facet Blocks.

**Decision rationale:** This patient presents with lower back pain, left hip pain, left ankle/foot pain. The treater has asked for medial branch block left L3, L4, and L5 on 4/2/14. Review of the report shows no history of prior medial branch blocks. Regarding facet diagnostic injections, ODG guidelines require non-radicular back pain, facet joint tenderness upon examination, a failure of conservative treatment, with no more than 2 levels bilaterally. In this case, the patient has facet tenderness upon palpation on examination, which is a requirement per ODG guidelines. However, the patient also has a positive straight leg raise with significant radicular symptoms on left side. ODG does not recommend facet diagnostic evaluations for radicular symptoms. The request is not medically necessary.