

<b>Case Number:</b>	CM14-0098284		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	01/09/2011
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 male with date of injury 1/9/2011. Per primary treating physician's progress report dated 3/31/2014, the injured worker complains of ongoing upper, mid and low back pain. He states he is unable to be treated with acupuncture or physico-therapy because of increased and intolerable pain during the treatments. He continues with a single-point cane to help with support and stability. He describes his pain as aching, pins and needles, and burning pain to his upper, mid and low back with radiation of aching, numbness and tingling to the left lower extremity extending to his foot. His back pain is rated at 10/10. He reports his medications help decrease his pain from 10/10 to 7/10. The medications wear off about one to two hours before it is time to take another dose. On examination gait is antalgic with the use of a single point cane. He has decreased range of motion in all planes including forward flexion, extension of the lumbar spine. There is positive tenderness to palpation over the lumbar paraspinal muscle. Straight leg raise is positive on the left. There is positive dural tension sign. There is tenderness over the left L4-5, L5-S1 facet joints and positive facet loading on the left. There is decreased sensation L5-S1 on the left. Motor strength is 4+/5 in the quadriceps and hamstrings, plantar flexion, dorsiflexion, as well as EHL. Lumbar MRI from 10/9/2013 identified left L5-S1 moderate to moderately severe left foraminal and subarticular gutter stenosis, L4-5 moderate hypertrophy of the facets and L5-S1 facet hypertrophy. Diagnoses include 1) thoracic spine pain 2) thoracic and lumbar compression fractures T11-12 and L1 3) lumbar facet hypertrophy L4-5, L5-S1 with MRI evidence and focal tenderness to palpation over facets, and positive facet challenge on the left 4) lumbar degenerative disc disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L3,4,5 Medical Branch Block Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines- Treatment in Workers' Compensation), Low Back 2014, Criteria for the use of diagnostic blocks for facet "mediated" pain

**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. The requesting physician explains that the request is for left medial branch block injection at left L3-4, L4-5 for diagnostic purposes. The injured worker describes his pain as aching, pins and needles, and burning pain to his upper, mid and low back with radiation of aching, numbness and tingling to the left lower extremity extending to his foot. Straight leg raise is positive on the left. Motor strength is 4+/5 in the quadriceps and hamstrings, plantar flexion, dorsiflexion, as well as EHL. These complaints and exam findings that are consistent with radiculopathy. The request for Left L3,4,5 Medical Branch Block Injection is determined to not be medically necessary.