

<b>Case Number:</b>	CM15-0103797		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 67 year old female, who sustained an industrial injury on 11-18-2013. A review of the medical records indicates that the injured worker is undergoing treatment for status post C5-C6 fusion, probable cervical radiculopathy, pseudoarthritis of hardware at the cervical fusion, compression fracture at L1 with marrow edema present, lumbar disc herniations with neural foraminal narrowing, compression fracture at T12 with marrow edema present, and lumbar facet arthropathy bilateral L2-L3 and L3-L4 with MRI evidence of facet arthropathy. On 4-1-2015, the injured worker reported 8-9 out of 10 back pain with some numbness in the right lower extremity and severe, worsening 8-9 out of 10 neck pain. The Primary Treating Physician's report dated 4-1-2015, noted the injured worker reported having less back pain since her kyphoplasty on L1 on 10-23-2014, with previous transforaminal epidural steroid injection (ESI) L5-S1 and S1 selective nerve root block on 12-4-2014 with 25% improvement. The injured worker was noted to be wearing a TLSO brace for increased activity and had 12 sessions of chiropractic treatments that she discontinued as she was not having any improvement and "cannot really be touched." The injured worker's current medications were noted to include Flexeril, Tramadol, and over-the-counter (OTC) medication for constipation. The physical examination was noted to show tenderness to palpation over the bilateral lumbar facets at L2-L3 and L3-L4 with positive facet loading and decreased sensation in the right L4 dermatome. A lumbar spine MRI from 4-4-2014 was noted to show L2-L3 diffuse disc herniation and L3-L4 diffuse disc herniation with stenosis of the spinal canals and bilateral lateral recesses. Prior treatments have included L1 kyphoplasty, chiropractic treatments, acupuncture, and medications including Diclofenac, Omeprazole, Restoril, and Ultracet. The treatment plan was noted to include a request for a medial branch block bilaterally at L2-L3 and L3-L4, refills of the Flexeril and Tramadol, a neurology consult,

and a MRI of the thoracic spine. The injured worker's work status was noted to be that she last worked 3-31-2014. The request for authorization dated 4-1-2015, requested one (1) left L2-L3 and L3-L4 lumbar medial branch block. The Utilization Review (UR) dated 5-14-2015, non-certified the request for one (1) left L2-L3 and L3-L4 lumbar medial branch block.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One (1) left L2-L3 and L3-L4 lumbar medial branch block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back / Facet joint medial branch block (therapeutic injections).

**Decision rationale:** CA MTUS/ACOEM guidelines Chapter 12 Low Back complaints (physical methods), page 300 states that lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The use of diagnostic facet blocks require that the clinical presentation to be consistent with facet-mediated pain. Treatment is also limited to patients with low back pain that is non-radicular in nature. In this case the exam note from 4/1/15 demonstrates radicular complaints. Therefore the determination is for non-certification. Per ODG Low Back / Facet joint medial branch block (therapeutic injections), medial branch blocks are not recommended except as a diagnostic tool, minimal evidence for treatment. As this procedure is not recommended per ODG guidelines, the request is not medically necessary.