

<b>Case Number:</b>	CM15-0138325		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	02/15/2010
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 65 year old male, who sustained an industrial injury on February 15, 2010, incurring low back injuries. He was diagnosed with lumbar degenerative disc disease, lumbar spine disc protrusion with bilateral neuroforminal stenosis. He underwent a lumbar spine surgical fusion at L2-3. Treatment included pain medications, muscle relaxants, physical therapy, and restricted activities. On July 22, 2014, a lumbar Magnetic Resonance Imaging revealed lumbar disc herniations. Currently, the injured worker complained of persistent low back pain with radicular pain in the lower extremities. He noted limited range of motion of the lumbar spine and increased pain with extension. The injured worker complained of joint pain, swelling, tingling and frequent cramping in both legs. The treatment plan that was requested for authorization included bilateral lumbar medial branch facet block and post-operative physical therapy for four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3-4 and L4-5 medial branch facet block:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs)- Page(s): 46.

**Decision rationale:** Bilateral L3-4 and L4-5 medial branch facet block is not medically necessary per the ACOEM and the ODG guidelines. The MTUS ACOEM guidelines state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that medial branch blocks should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There should be no more than 2 facet joint levels are injected in one sessions. Facet injections are not supported by the guidelines in the presence of radiculopathy and the progress notes from February, March, and April 2015 describe radicular pain in the lower extremities. The June 2015 progress note states that the patient has low back pain and cramping in the BLE extremities. Exercise causes back pain and leg fatigue. The documentation is not clear that the patient has purely facet related pain rather than radicular symptoms as several progress notes describe radicular symptoms with low back pain radiating to the legs and despite these symptoms there were requests for facet injections. For these reasons the request for bilateral L3-4 and L4-5 medial branch blocks are not medically necessary.

**Post-op physical therapy 3 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** Post-op physical therapy 3 times a week for 4 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had prior PT. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 12 more supervised therapy visits and the request for the facet branch blocks was deemed not medically necessary. Therefore, this request is not medically necessary.