

<b>Case Number:</b>	CM15-0192291		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	07/11/2011
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Massachusetts

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

### 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 58 year old male with an industrial injury dated 07-11-2011. A review of the medical records indicates that the injured worker is undergoing treatment for status post L3-5 laminectomy on 07-17-2014 and bilateral lateral recess decompression. Some documents within the submitted medical records are difficult to decipher. In a progress report dated 07-29-2015, the injured worker reported chronic axial low back pain with increase pain with sitting and standing. Objective findings (07-29-2015) revealed healed scar, tenderness in lumbar spine and slow guarded gait. According to the most recent progress note dated 09-09-2015, the injured worker reported constant low back pain (axial). The injured worker reported that the pain increase with lifting, bending, sitting and standing greater than 15 minutes, walking greater than 500-600 feet and stair climbing. Pain level was 8 out of 10 on a visual analog scale (VAS). Objective findings (09-09-2015) revealed spasm and muscle guarding at the lumbar spine, positive Kemp's maneuver, limited lumbar range of motion and slowed gait. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 02-19-2015 revealed laterolisthesis of L3 on L4 and L3-S1 disc protrusions. Treatment has included diagnostic studies, prescribed medications, home exercise program and periodic follow up visits. The injured worker is temporary totally disabled. The treating physician prescribed services L2 through L5 Medial Branch Blocks for L3-L4, L4-5 and L5-S1 Facets. The utilization review dated 09-22-2015, non-certified the request for L2 through L5 Medial Branch Blocks for L3-L4, L4-5 and L5-S1 Facets.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **L2 through L5 Medial Branch Blocks for L3-L4, L4-5/L5-S1 Facets:** 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) Treatment Index, 13th Edition (web) 2015, Low Back Chapter-Medial Branch Blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

**Decision rationale:** The claimant sustained a work injury in July 2011 and underwent a multilevel lumbar laminectomy in July 2014. When seen, he was having continued axial back pain. He had constant pain rated at 8/10. He had increased symptoms with prolonged sitting and walking. He was performing a home exercise program and using an EMS unit. Physical examination findings included lumbar tenderness. There was increased back pain with straight leg raising. There was decreased lumbar range of motion with positive Kemp's testing. There was paravertebral muscle spasm with guarding and hypertonicity. There was a slow and guarded gait. Authorization is being requested for bilateral multilevel lumbar medial branch blocks from L2-L5. Criteria for the use of diagnostic blocks for facet-mediated pain include patients with low- back pain that is non-radicular and where there is documentation of failure of conservative treatments. No more than two facet joint levels are to be injected in one session. In this case, the claimant has axial pain with positive Kemp's testing. However, a three level bilateral procedure is being requested without provided rationale. For this reason, the request is not considered medically necessary.