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| <b>Case Number:</b>   | CM15-0202851 |                              |            |
| <b>Date Assigned:</b> | 10/19/2015   | <b>Date of Injury:</b>       | 07/25/2010 |
| <b>Decision Date:</b> | 12/02/2015   | <b>UR Denial Date:</b>       | 10/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/15/2015 |

### 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 37 year old male, who sustained an industrial injury on July 25, 2010. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having lumbar disc bulges at L4-L5 and L5-S1 with thecal sac effacement, bilateral neuroforaminal stenosis with compression of bilateral existing nerve roots, right-sided S1 lumbar radiculopathy, lumbar facet hypertrophy at L4-L5 and L5-S1 and chronic myofascial pain syndrome. Treatment to date has included diagnostic studies, injection and medication. An epidural steroid injection had "no long lasting effect." Bilateral facet joint injections were noted to provide 50% relief in his low back pain for three months. On September 30, 2015, the injured worker complained of severe, constant low back pain axially radiating in the mid back. The pain was rated as a 7-8 on a 1-10 pain scale. He reported occasional shooting pain, right more than left leg, with tingling, numbness and paresthesia. Physical examination revealed paravertebral muscle spasm and localized tenderness in the lumbar facet joint at L4-L5 and L5-S1 level. There were non-dermatomal diminished sensations to light touch in the left leg. Bilateral straight leg raise was 50-60 degrees. Hyperextension maneuver of lumbar spine was positive and lumbar spine range of motion was noted to be restricted. The treatment plan included bilateal L4-L5 medial branch blocks. On October 13, 2015, utilization review denied a request for one time bilateral L4 and L5 medial branch blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One time bilateral L4 and L5 medial branch blocks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**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 9/30/15 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 recommendation is for non-certification. Therefore, the requested treatment is not medically necessary.