

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0207729 |                              |            |
| <b>Date Assigned:</b> | 10/26/2015   | <b>Date of Injury:</b>       | 06/19/2011 |
| <b>Decision Date:</b> | 12/07/2015   | <b>UR Denial Date:</b>       | 10/05/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/22/2015 |

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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:

This is a 54 year old male with a date of injury on 6-19-11. A review of the medical records indicates that the injured worker is undergoing treatment for lower back pain. Progress report dated 7-1-15 reports continued complaints regarding lower back. He is awaiting medial branch block, physical therapy and transportation reimbursement. The lower back pain is constant and stabbing, rated 5 out of 10. He reports the pain is worse in the morning and prolonged sitting, standing and walking exacerbates the pain. He continues to wear a lumbar corset for stability and support. Physical exam: he walks with a slightly antalgic gait, mild tenderness to palpation in the mid lumbar spine right side greater than the left, positive facet loading right greater than the left. MRI lumbar spine 11-11-13 shows degenerative spondylosis, mild to moderate multi-level degenerative facet joint arthrosis. X-ray 3-6-14 showed spondylosis, compression fracture of L4, spondylolisthesis at L4 and disc space narrowing. Treatments include: medication, physical therapy, 26 sessions of chiropractic therapy provided short-term relief, TENS unit provided the most relief and lidoderm patches provided significant pain reduction. Request for authorization was made for MBB injections at right L3 and L4 roots. Utilization review dated 10-5-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MBB injections at right L3 and L4 roots: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. 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 section, Medial branch blocks.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, medial branch block injections at right L3 and L4 nerve roots is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that is no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, nonsteroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally and documentation of failed conservative treatment (including home exercise, PT and nonsteroidal anti-inflammatory drugs) prior to the procedure for at least 4-6 weeks etc. In this case, the injured worker's working diagnoses are L4 compression fracture; lumbar spine degenerative disc disease and facet arthropathy; lumbar radiculopathy; facetogenic back pain. Date of injury is June 19, 2011. Request for authorization is dated September 28, 2015. According to a September 15, 2015 progress note, the injured worker completed 26 sessions of chiropractic treatment with TENS use. The treating provider has requested physical therapy, but physical therapy has not yet been approved. Subjective complaints include low back pain. There are no radicular symptoms of numbness, tingling or weakness of the lower extremities. Pain score is 5/10. Objectively, the injured worker ambulates with an antalgic gait. There is tenderness to palpation of the mid-lumbar spine with positive facet loading. There is positive straight leg raising on the right with radiating symptoms to the right. EMG of the bilateral lower extremity was normal. The documentation indicates the injured worker has a diagnosis of lumbar radiculopathy with positive straight leg raising on the right. There is no documentation that the injured worker has failed conservative treatment (i.e. physical therapy). Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of failed conservative treatment and a diagnosis of lumbar radiculopathy, medial branch block injections at right L3 and L4 nerve roots is not medically necessary.