

<b>Case Number:</b>	CM15-0213868		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	11/06/2014
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 11-6-14. A review of the medical records indicates that the worker is undergoing treatment for lumbar radicular syndrome. Subjective complaints (9-29-15) include low back pain on both sides. Objective findings (9-29-15) of the lumbar spine include tenderness to palpation over bilateral facet joints, pain with range of motion in these areas, especially on extension and compression, and straight leg raise is negative at 80 degrees. Work status was noted as modified work duties. Previous treatment includes (3 weeks) status post lumbar epidural injection with the worker reporting he was essentially pain free and the radicular complaints have resolved. The physician reports that the epidural injection has allowed the radicular complaints to resolve and there are ongoing complaints of low back pain which have been made more bothersome with elimination of the leg pain. The MRI shows "bilateral facet arthropathy at L5-S1 as well as L4-L5." Authorization is requested for diagnostic medial branch blocks at L5-S1 which includes the L4-L5 medial branch nerves and if this is positive, the plan will be to proceed with radiofrequency ablation. The requested treatment of diagnostic medial branch blocks at L5-S1, which includes the L4-L5 medial branch nerves as well, was non-certified on 10-15-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic Medial Branch Blocks at L5-S1, which includes the L4-L5 medial branch nerves as well,:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Facet joint diagnostic blocks injections.

**Decision rationale:** The patient presents with low back pain. The current request is for Diagnostic Medial Branch Block at L5-S1, which includes the L4-L5 medial branch nerves as well. The treating physician's report dated 09/29/2015 (17B) states, "The patient is approximately three weeks status post lumbar epidural steroid injection. He states the day of the injection, he was essentially pain-free and the radicular complaints have resolved. His ongoing complaints are of low back pain on both sides." The ACOEM guidelines Chapter 12 on Low Back complaints page 300 do not support facet injections for treatment but does discuss dorsal medial branch blocks as well as radiofrequency ablations. ODG guidelines under the Low Back Chapter on Facet Joint Diagnostic Block Injections also support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. But it does not recommend therapeutic injections due to lack of evidence. No more than 2 levels bilaterally are recommended. Medical records do not show any previous medial branch blocks. In this case, ODG Guidelines do not support facet evaluation when radicular symptoms are present, and the patient no longer has radicular complaints following an ESI. The current request is medically necessary.