

<b>Case Number:</b>	CM15-0046337		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	02/15/2010
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 a work related injury February 15, 2010. Past history included hypertension and s/p lumbar fusion L3-L4, November, 2010. According to a primary treating physician's progress report dated February 2, 2015, the injured worker presented with complaints of ongoing low back pain with radiation to the bilateral lower extremities, predominantly the left side. He also complains of tingling and frequent cramping in both legs and has been using a cane for ambulation. A lumbar spine MRI, July 22, 2014, shows L1-L2 loss of disc height and dissection with a 3mm herniation, L2-L3 1.5 mm disc herniation, and L3-L4 2mm disc herniation. Diagnoses are lumbar degenerative facet disease; lumbar spine disc protrusion L4-5 with bilateral neuroforaminal stenosis. Treatment plan included request for authorization for medial branch blocks and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3, L4 and L5 Medical Branch facet Block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, facet joint Diagnostic Blocks (injections).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Facet joint diagnostic blocks (injections).

**Decision rationale:** Bilateral L3, L4 and L5 Medial Branch facet Block is not medically necessary per the MTUS Chronic Pain 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 session .The request is for 3 levels, which exceeds guideline recommendations. The 2/2/15 documentation indicates that the patient has low back pain radiating to the bilateral lower extremities particularly on the left, which is suggestive of radicular pathology. The MTUS does not support medial branch blocks in the presence of radicular symptoms. The request for medial branch facet blocks are not medically necessary.