

<b>Case Number:</b>	CM15-0051931		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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  
 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 56 year old male, who sustained an industrial injury on 5/21/13. He has reported a back injury working as a police officer. The diagnoses have included low back pain, lumbar facet arthropathy, myofascial lumbar pain, lumbar disc disease, and cervical/thoracic spine strain/sprain. Treatment to date has included medications, acupuncture and physical therapy 24 sessions each and Home Exercise Program (HEP). Surgery has included lumbar rhizotomy left side 4/17/14. Currently, as per the physician progress note dated 1/14/15, the injured worker complains of low back pain especially right sided which started a month ago. He is currently working full time as a police officer and has flare-ups. He also complains of severe spasms in the back and has tried Flexeril in the past but it sedates him too much. The pain was rated 2-8/10 on pain scale. He states that the pain limits his activity level. The current medications included Tramadol and Advil, as needed which decrease the pain 50 percent temporarily. Presently he complains of constant burning in the low back with numbness, greater on the right. He states the symptoms flare-up with increased activity. The pain radiates to the buttocks and is currently rated 6/10. The physician requested treatments included Medial Branch Block injection of the lumbar spine on the right side, L4-L5 and L5-S1 and Chiropractic treatment x 8 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial Branch Block injection of the lumbar spine on the right side, L4-L5 and L5-S1:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174-175, 187. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Facet joint diagnostic blocks; Facet joint pain, signs & symptoms; Low Back Chapter, Facet joint diagnostic blocks.

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

**Decision rationale:** Patient is being treated for chronic low back pain with occasional flare-ups. He has a history of radiofrequency ablation to the left lumbar facet joints reported pain improvement. He is currently taking tramadol and Aleve as needed for pain. Exam significant for repair range of motion and tenderness to palpation over the right lower lumbar facet region. Prior MRI of the lumbar spine demonstrated evidence of L2-3 disc protrusion, L4-5 disc protrusion and mild bilateral degenerative facet joints at L5-S1. Request is being made for medial branch blocks to the right L4-5 and L5-S1 in addition to 8 chiropractic treatments. ODG diagnostic lumbar facet blocks have been satisfied including documented failure of conservative treatment and being no surgical plan for this injured worker with history of physical findings consistent with lumbar facet mediated low back pain. The request is therefore medically necessary.

**Chiropractic treatment x 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back Chapter, Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** Patient is being treated for chronic low back pain with occasional flare-ups. He has a history of radiofrequency ablation to the left lumbar facet joints reported pain improvement. He is currently taking tramadol and Aleve as needed for pain. Exam significant for repair range of motion and tenderness to palpation over the right lower lumbar facet region. Prior MRI of the lumbar spine demonstrated evidence of L2-3 disc protrusion, L4-5 disc protrusion and mild bilateral degenerative facet joints at L5-S1. Request is being made for medial branch blocks to the right L4-5 and L5-S1 in addition to 8 chiropractic treatments. According to MTUS guidelines, manual therapy is recommended on a trial of 6 visits over 2 weeks. The request as written for 8 treatment sessions exceeds cited guidelines is therefore not medically necessary.

