

<b>Case Number:</b>	CM15-0061035		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	04/28/2012
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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 64-year-old male who sustained an industrial injury on 4/28/12. The injured worker reported symptoms in the neck and back as well as headaches. The injured worker was diagnosed as having cervical spine sprain/strain with radicular complaints, lumbar spine sprain/strain with radicular complaints, bilateral shoulder rotator cuff tendinitis/bursitis, traumatic brain injury, clavicular/rib pain and facial trauma/contusion. Treatments to date have included home exercise program, Neuropsychological evaluation, cognitive behavioral therapy, physical therapy, and occupational therapy. Currently, the injured worker complains of neck and back pain as well as headaches and loss of short-term memory. The plan of care was for a medial branch block and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic lumbar medial branch block with fluoroscopy at bilateral L4-5 and L5-S1:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

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

**Decision rationale:** The patient presents with low back pain rated at 4-5/10. The request is for diagnostic lumbar medial branch block with fluoroscopy at bilateral L4-5 and L5-S1. The request for authorization is not provided. The patient is status-post cervical fusion, 02/2014. MRI of the lumbar spine, 07/30/13, shows severe degenerative changes of the lumbar spine, with multilevel degenerative disc disease and spinal stenosis. The most severe level is L3-4 where there is a maximum AP diameter of 7mm due to a combination of circumferential disc bulge, facet degenerative changes, and ligamentum flavum thickening. The patient returns for follow up after receiving lumbar medial branch blocks at the bilateral L4-5 and L5-S1 levels performed on 01/15/15. The procedure provided >50% pain reduction for about 6 hours. Physical examination of the lumbar spine reveals tenderness to palpation of the lumbar paraspinal from L4 down to S1 bilaterally. Range of motion is restricted. Lumbar spine has flattened lordosis. Straight leg raising test is negative. The patient's ability to perform ADLs is the same. The pain is stable, aching, numbing and continuous. The pain is worse in the morning and in the evening. Quality of sleep is fair. Patient's medications include Trazadone, Metoprolol Tartrate, Hydrochlorothiazide, Amlodipine Besylate. Per progress report dated, 01/14/15, the patient is not working. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections) Section states: "For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally." "There should be no evidence of radicular pain, spinal stenosis, or previous fusion," and "if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." Per progress report dated, 02/13/15, treater's reason for the request is "We discussed performing a second block. If diagnostic medial branch blocks significantly reduce his low back pain, then radiofrequency may be considered for therapeutic purpose in the future. We will resubmit for authorization for a second set of Lumbar medial branch blocks." The initial Lumbar Medial Branch Block was performed on 01/15/15. Per progress report dated, 02/13/15, treater notes, "The procedure provided >50% pain reduction for about 6 hours." In this case, the patient's pain relief does not meet 70% reduction required by ODG to consider anything more. Furthermore, ODG does not support more than one Diagnostic Lumbar Medial Branch Block. Therefore, the request is not medically necessary.