

<b>Case Number:</b>	CM15-0081910		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	12/24/2014
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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 61 year old female, who sustained an industrial injury on 12/24/2014. The current diagnoses are lumbar strain and contusion (unspecified site). According to the progress reports, the injured worker complains of constant lower back pain with radiating pain as well as numbness and tingling into her feet. The level of pain varies from 5-8/10 on a subjective pain scale. Per the 4/8/2014 progress note, she reports that her leg pain is diminished after having undergone a lumbar epidural steroid injection two weeks prior. The physical examination of the lumbar spine reveals less tenderness to palpation about the epidural injection site. There is less decreased range of motion in all planes. The current medications are Naproxen and Soma. Treatment to date has included medication management, x-rays, MRI studies, physical therapy, acupuncture, and epidural steroid injection. The plan of care includes bilateral medial branch block L4-L5 and L5-S1 with myelography.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic medial branch block, Bilateral L4-L5 QTY: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** Per Guidelines, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit radicular symptoms as in this injured worker with leg pain complaints status post recent lumbar epidural steroid injection. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results. Submitted reports have not demonstrated support outside guidelines criteria. The Diagnostic medial branch block, Bilateral L4-L5 QTY: 1.00 is not medically necessary and appropriate.

**Diagnostic medial branch block, Bilateral L5-S1 QTY: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** Per Guidelines, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit radicular symptoms as in this injured worker with leg pain complaints status post recent lumbar epidural steroid injection. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results. Submitted reports have not demonstrated support outside guidelines criteria. The Diagnostic medial branch block, Bilateral L5-S1 QTY: 1.00 is not medically necessary and appropriate.

**Myelography QTY: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** Please see above rationale. As the Diagnostic medial branch block, Bilateral L4-L5 & L5-S1 are not medically necessary and appropriate, thereby, the Myelography QTY: 1.00 is not medically necessary and appropriate.