

<b>Case Number:</b>	CM15-0087991		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	04/14/2006
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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 45 year old male, who sustained an industrial injury on 4/14/2006. He reported injury to the low back and right ankle from a slip and fall landing on the right buttock and twisting right ankle. Diagnoses include lumbar disc herniation, spondylosis and degenerative disc disease, bilateral ankle osteoarthritis degenerative joint disease, status post right ankle surgery. Treatments to date include ankle orthotic support braces, medication therapy, physical therapy, trigger point injections, epidural steroid injections. Currently, he complained of chronic low back pain. A facet injection administered on 3/28/15 at L3-4 was documented to improve symptoms 40-50% with no leg pain for one week and after a week his leg pain returned. On 4/8/15, the physical examination documented tenderness to paraspinous musculature, limited range of motion due to pain, decreased sensation noted in bilateral lower extremities with pitting edema. The plan of care included bilateral medial branch blocks to L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Medial Branch Block L5-S1 (lumbosacral): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter - Facet joint diagnostic blocks.

**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 Medial Branch Block L5-S1 (lumbosacral) not medically necessary per the ACOEM 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. The documentation suggests that the patient has radicular symptoms with decreased lower extremity sensation therefore the request for bilateral medial branch blocks are not medically necessary.