

<b>Case Number:</b>	CM14-0122481		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	10/04/2006
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 56 year old male with a work injury dated 10/4/06. The diagnoses include 1. Lumbar disc displacement; low back pain.; shoulder pain; adhesive capsulitis of the shoulder; carpal tunnel syndrome. Under consideration is a request for medial branch nerve block bilateral L4/5 and bilateral L5/S1. There is a primary treating physician report dated 2/19/14 that states that the patient on exam has decreased reflexes, lumbar paraspinal tenderness, decreased reflexes and some decreased sensation in the feet right worse than left. There is 5/5 muscle motor strength. The treatment plan includes an updated MRI. Per prior utilization review dated 7/21/14 last office visit report available for review dated 7/10/14 noted employee complained of low back pain that radiates into both legs and both buttocks and had no relief of pain from facet injections. Physical examination revealed severe tenderness with palpation at the lower spine, moderately decreased range of motion in the lumbar spine, positive Kemp's test, normal strength and sensation. The report also states employee had a reaction to steroid and after questioning indicated 70% relief of low back pain for the 1st 3-4 hrs after the procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial Branch Nerve Block bilateral L4/5 and bilateral L5/S1: 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)- TWC: 2014: Low Back Chapter

**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) Lumbar- Facet joint diagnostic blocks (injections)

**Decision rationale:** Medial Branch Nerve Block bilateral L4/5 and bilateral L5/S1 is not medically necessary per the MTUS Guidelines. The ACOEM MTUS guidelines state that lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG guidelines recommend that the patient should document pain relief after facet blocks with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs. The documentation reveals that the patient felt that he got no relief from prior facet injections. There is no evidence of a pain log with documentation of pain relief, activity logs or medication use. It is not clear that the patient's symptoms are purely facetogenic (and not radicular) The MTUS recommend nerve blocks to be limited to patients with low-back pain that is non-radicular. The request for Medial Branch Nerve Block bilateral L4/5 and bilateral L5/S1 is not medically necessary.