

<b>Case Number:</b>	CM14-0127520		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/05/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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:

This is a patient with a date of injury of 11/5/12. A utilization review determination dated 7/11/14 recommends non-certification of Medial Branch Block (MBB) to bilateral L5-S1. A 3/19/14 medical report identifies pain rated 8/10 radiating from the mid back to the left leg and back of the heel. He feels a pinch in the low back when putting pressure on the left leg. There is burning and tingling pain in the legs bilaterally. On exam, there is antalgic gait with tenderness and spasm, decreased sensation in the left L3-S1 dermatomes, left TA and EHL weakness 4/5, left hamstrings and inversion 4+/5, positive straight leg raise on the left with pain to the foot at 30, and tenderness of the L5-S1 facets bilaterally with positive facet challenge. Recommendations include MBB at L5-S1. The 1/17/14 lumbar spine MRI report notes L5-S1 anterolisthesis with broad-based bulge and left lateral protrusion resulting in severe left neural foraminal narrowing and mild right neural foraminal narrowing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial Branch Block Bilateral L5-S1 level as diagnostic step-toward a rhizotomy:** Upheld

**Claims Administrator 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) ([http://www.odg-twc.com/odgtwc/low\\_back.htm](http://www.odg-twc.com/odgtwc/low_back.htm))

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic)

**Decision rationale:** Regarding the request for medial branch blocks at L5-S1, the California MTUS and ACOEM state that invasive techniques are of questionable merit. The ODG states that medial branch blocks may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings; but they are not indicated for radicular pain. Within the documentation available for review, it appears that there is active radicular pain. There is radiating pain and tingling in the leg, with decreased sensation and weakness in multiple nerve root distributions, as well as severe neuroforaminal narrowing at the level requested for injection demonstrated on MRI. In light of the above issues, the currently requested medial branch blocks L5-S1 are not medically necessary or appropriate.