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| <b>Case Number:</b>   | CM14-0130727 |                              |            |
| <b>Date Assigned:</b> | 08/20/2014   | <b>Date of Injury:</b>       | 02/25/2011 |
| <b>Decision Date:</b> | 10/08/2014   | <b>UR Denial Date:</b>       | 08/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/15/2014 |

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 25, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical agents; lumbar spine surgery; and unspecified amounts of manipulative therapy. In a Utilization Review Report dated August 4, 2014, the claims administrator denied a request for lumbar facet joint injections. The claims administrator suggested that the applicant had had eight sessions of manipulative therapy, 20 sessions of physical therapy, and 24 sessions of acupuncture through April 4, 2014. The applicant's attorney subsequently appealed. In a November 19, 2013 progress note, the attending provider sought authorization for a weight loss program, noting that the applicant had gained 29 pounds since the date on injury. The attending provider did not, however, document the applicant's actual weight but noted that the applicant had derivative complaints of depression and anxiety. In a December 20, 2013 progress note, the applicant reported complaints of low back radiating to the left leg, with associated numbness, tingling, paresthesias. The applicant was on Naproxen, Flexeril, Norco, and Terocin, it was stated. The applicant was given multiple medication refills and asked to follow up with psychiatry. The applicant did not appear to be working with permanent limitations in place. On July 14, 2014, the applicant again reported persistent complaints of low back pain radiating into left leg. The attending provider stated that he was appealing the previously denied lumbar medial branch blocks on the grounds that the applicant had superimposed facet arthropathy and lumbar radiculopathy and that the applicant was aware that the radicular complaints and/or foot weakness would not improve with the proposed medial branch blocks. Left lower extremity strength was scored at 3+/5 with diminished left lower extremity sensorium also appreciated. Medial branch blocks at L4-L5 and

L5-S1 were sought. The applicant was not apparently working with permanent limitations in place.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Medial Branch Block of Bilateral L4-5 and L5-S1 Facet Joints: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (Low Back)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections, which the medial branch blocks being sought here are a subset, are deemed "not recommended." In this case, it is further noted that there is considerable lack of diagnostic clarity. The applicant has persistent complaints of low back pain and lower extremity weakness associated with an earlier failed lumbar spine surgery. The attending provider has not, conversely, made a compelling case that the applicant's residual pain complaints are, in fact, facetogenic in nature. Therefore, the request is not indicated both owing to the considerable lack of diagnostic clarity here as well as the unfavorable ACOEM position on the injections in question. Accordingly, the request is not medically necessary.