

<b>Case Number:</b>	CM14-0180615		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	12/11/2013
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Internal 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 injured worker (IW) is a 46-year-old man with a date of injury of December 11, 2013. The IW sustained injury to his left shoulder, right hip, right left, and back status-post fall from 4 feet. Pursuant to the progress note dated October 1, 2014, the IW complains of back pain going down to his feet bilaterally. The IW can perform some house or yard work, self-care, and can drive. Physical examination findings include slightly antalgic gait with tenderness over the midline and paraspinal areas and tender lumbar spinous processes. Lumbar range of motion was mostly full in flexion and extension with some pain. The IW was diagnosed with Lumbago, low back pain; disc degeneration lumb/sac; facet arthropathy, cervical, thoracic or lumbar; and long term use of current medications. Current medications include Gralise 600mg, and Ultram 50mg. The provider is requesting medial branch blocks of the lumbar spine to rule-out arthropathy mediated pain. If the blocks work to markedly reduce the pain, then the plan is to proceed with radiofrequency ablation. The IW has been instructed to continue vocational rehabilitation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Medial Branch Blocks:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back; Facet Joint Injection

**Decision rationale:** Pursuant to the Official Disability Guidelines, lumbar medial branch blocks (Facet joint injections) are not medically necessary. Criteria for facet joint injections include, but are not limited to patients with low back pain that is non-radicular and no more than two levels bilaterally; documentation failed conservative treatment (see ODG for additional details). The guidelines state that lumbar spine injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression, but this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. In this case, the injured worker was seen on October 1, 2014. The injury resulted from the falling on his back with a back injury and injury to his shoulder and left side of the face. The injured worker states the pain runs down to his feet bilaterally. The guidelines state lumbar medial branch blocks/injections are limited to patients with back pain that is non-radicular. The injured worker has complaints referable to lower back that radiated down into his feet bilaterally. These symptoms are radicular nature. The injured worker does not have specific subjective or objective findings that indicate the presence of facet mediated pain. Consequently, lumbar medial branch blocks (facet joint injections) are not medically necessary. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, the lumbar medial branch blocks are not medically necessary.