

<b>Case Number:</b>	CM14-0184396		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	01/12/2013
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Emergency 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 has a reported date of injury of 1/12/2013. The mechanism of injury is described as occurring while pushing a heavy object. The patient has a diagnosis of lumbar disc degeneration, lumbago and myofascial pain. The patient is post L L3-4 and L4-5 nerve root block and epidurogram on 2/28/14. The patient also is post lumbar epidural steroid injection on 8/22/14. Medical reports were reviewed and the last report was available until 9/26/14. The patient complains of low back pain. The pain reportedly flared up and was 2-3/10 with medications but 8/10 without. Objective exam reveals diffuse whole spine facet and paraspinal pain with decreased range of motion with reported "crepitus" with movement of spine. No radicular symptoms noted. No motor weakness. No rationale was noted in request for medial branch blocks by the requesting provider. MRI of lumbar spine (7/30/13) revealed minimal posterior disc protrusion without stenosis at T12-L1 and L2-3 with 4mm disc protrusion at left lateral and intraforaminal without neural compression. L3-S1 had mild lateral recess stenosis and mild central stenosis at L5-S1. Medications include Anaprox, Tizanidine, Fexmid, Adipex-P, Klonopin, Topical cream, Cyclobenzaprine and Valsartan-HCTZ. The Independent Medical Review is for Medial Branch Blocks L4-S1 bilaterally. A prior UR on 10/14/14 was deemed not medically necessary and was recommended assessment by a pain consultant.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial Branch Blocks L4-S1 bilaterally: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back. Facet joint diagnostic blocks (injections)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic, Facet Joint diagnostic blocks (injections)

**Decision rationale:** As per ACOEM Guidelines, medial branch blocks may be considered for diagnostics purpose in preparation for cervical neurotomies. The evidence to support neurotomies in lumbar region is poor. Official Disability Guidelines were reviewed for more specific criteria. Patient does not meet criteria for recommend medial branch blocks. The ODG procedure is limited to patients with low back pain that is non-radicular and no more than 2 levels bilaterally. This patient has whole back pains and has had other injections at other levels. Due to poor evidence to support lumbar neurotomy as per ACOEM and not meeting the ODG guidelines, medial branch blocks L4-S1 bilaterally is not medically necessary.