

<b>Case Number:</b>	CM15-0012556		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	02/04/2008
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 is a 55 year old female who sustained a work related injury to her right knee, right hip and lumbar spine on February 4, 2008. The injured worker underwent a right total knee replacement and hip surgery. A magnetic resonance imaging (MRI) of the lumbar spine on July 25, 2014 demonstrated old mild compression fracture at L2, multilevel degenerative disc disease; L4-5 annular tear and L5-S1 lateral disc herniation with bilateral foraminal narrowing entrapment of the L5 nerve root. The injured worker was diagnosed with chronic pain syndrome, arthropathy of lumbar facet joint, degenerative disc disease lumbar spine and lumbar radiculopathy. According to the primary treating physician's progress report on January 6, 2015 the injured worker had lumbar epidural steroid injection (ESI) performed on November 14, 2014 that resulted in relief of the radicular leg pain. An earlier progress report dated November 24, 2014 notes that the injured worker received a steroid injection into her hip 3 months previously to the visit with noted improvement. Current medications listed are Gabapentin, Flexeril, Oxycodone, Mobic and Diazepam. The injured worker presents for evaluation of low back pain that radiates to her sides and upper buttocks. The objective are tenderness over the lumbar sacral spine, decreased range of motion to extension and negative straight leg raising test. The treating physician requested authorization for Medial Branch Block Injections, bilateral L4-L5 and L5-S1, lumbar spine. On January 13, 2015 the Utilization Review denied certification for Medial Branch Block Injections, bilateral L4-L5 and L5-S1, lumbar spine. According to the Utilization

Review the Medical Treatment Utilization Schedule (MTUS) is silent regarding this request. The Disability Guidelines (ODG) has been utilized in the decision process.

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

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

**Injection medial branch blocks- bilateral L4-5 and L5-S1, lumbar spine:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Pain Chapter Low and Upper Back Facet Procedures

**Decision rationale:** The CA MTUS did not address the use of facet injection procedures for the treatment of low back pain. The ODG guidelines recommend that lumbar facet procedures can be utilized for the treatment of non radicular spine pain of facet origin when conservative treatments with medications and PT have failed. The records indicate that the patient had an epidural steroid injection that resulted in resolution of the radicular component of the lumbar pain. The current subjective, objective and radiological findings are consistent with the diagnosis of lumbar facet syndrome. The patient completed conservative treatments with medications and PT. The criteria for the treatment bilateral L4-5, L5-S1 lumbar facet median branch blocks was met.