

<b>Case Number:</b>	CM15-0113342		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	08/06/2011
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 56 year old male, who sustained an industrial injury on 08/06/2011. The injured worker is currently not working. The injured worker is currently diagnosed as having lumbar radiculopathy, herniated nucleus pulposus of the lumbar spine, lumbar facet arthropathy. Treatment and diagnostics to date has included normal bilateral lower extremity electromyography, lumbar spine MRI which showed mild central stenosis at L4-5 and facet osteoarthritis, and medications. In a progress note dated 05/11/2015, the injured worker presented with complaints of pins and needles type pain across his low back that radiates down the right leg and rated his pain a 6/10 on the pain scale. Objective findings include an antalgic gait, diffuse tenderness to palpation over the lumbar spine and bilateral lumbar paraspinals, and decreased sensation on the left at L5 and S1 to light touch and pin prick. The treating physician reported requesting authorization for lumbar medial branch block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar medial branch block, right L4-L5 and L5-S1 facet joints:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

**Decision rationale:** Regarding the request for lumbar medial branch blocks, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Guidelines go on to recommend no more than 2 joint levels be addressed at any given time. Within the documentation available for review, it appears the patient has symptoms and findings consistent with radiculopathy. Guidelines do not support the use of medial branch blocks in patients with active radiculopathy. Additionally, it is unclear how the requesting physician arrived at the currently recommended levels of L4-5 and L5-S1. The MRI reportedly shows facet arthropathy at L4-5, but there are no physical examination findings identifying positive physical examination findings specifically at L4-5 and/or L5-S1. In the absence of clarity regarding those issues, the currently requested lumbar medial branch blocks are not medically necessary.