

<b>Case Number:</b>	CM15-0122335		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	10/08/2001
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: Massachusetts

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:

This injured worker is a 65-year-old male, who reported an industrial injury on 10/8/2001. His diagnoses, and or impressions, were noted to include lumbosacral spondylosis; displaced lumbar inter-vertebral discs; lumbar spinal stenosis; sprain/strain of the rotator cuff with traumatic arthropathy of the shoulder; and obesity. No current imaging studies are noted. His treatments were noted to include diagnostic studies; lumbar medial branch blocks; and rest from work. The progress notes of 4/3/2015 reported re-evaluation for complaints of worsening symptoms in his low back. Objective findings were noted to include significant difficulty with rising; use of cane with slow cadence and shuffling of feet, with mid-right antalgic limp, and definite balance problems; a slight stoop forward from the waist with difficulty standing up straight; mild tenderness at the upper lumbar levels, para-spinal muscles, sacroiliac joints, and sciatic nerves; and decreased lumbar range-of-motion. The physician's requests for treatments were noted to include repeat bilateral lumbosacral medial branch blocks to denervate lumbar and lumbosacral facet joints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial branch blocks at bilateral L4-5 and L5-S1 levels:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment Index, 13th Edition (web), 2015, Low Back - facet joint medial branch blocks.

**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-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

**Decision rationale:** The claimant has a remote history of a work injury occurring in October 2001 and continues to be treated for neck and low back pain. A lumbar radiofrequency ablation had been performed in approximately 2009 with a positive result but the effect had worn off. When seen, he had a stooped posture. There was decreased spinal range of motion with extension of 5 degrees. There was mild to moderate spinous process tenderness and mild paraspinal muscle tenderness. There was mild to moderate sacroiliac joint tenderness. He had mild tenderness over the sciatic nerves. Straight leg rising was positive bilaterally. Criteria for the use of diagnostic blocks for facet-mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has axial low back pain and a stooped posture with limited spinal extension. He had a positive response to medial branch radiofrequency ablation treatment done more than 5 years ago and has undergone extensive prior conservative treatment. The criteria are met and the requested lumbar medial branch block procedure is medically necessary.