

<b>Case Number:</b>	CM15-0096407		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	10/30/2003
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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

### 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 50-year-old male, who sustained an industrial injury on 10/30/03. The injured worker has complaints of lower extremity radiculopathy pain. The documentation noted under objective findings that neurological function was normal. The documentation noted that the injured worker has clear evidence of neural compression with a disc bulge at L2-3 with clinical findings consistent with lower extremity radiculopathy. The diagnoses have included lumbar degenerative disc disease. Treatment to date has included anti-inflammatory medications and epidural steroid injection. The request was for 1 medial branch nerve blocks lumbar 2-L3 injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Medial Branch Nerve Blocks Lumbar 2-L3 injection: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Disorders, Physical Methods, Facet Injections, page 300.

Decision based on Non-MTUS Citation ODG, Low Back, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418.

**Decision rationale:** The patient underwent a lumbar epidural steroid injection of 3/12/15 for lower extremity radiculopathy and disc bulge diagnosis with noted improvement. Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Additionally, facet blocks are not recommended in-patient who may exhibit radicular symptoms as in this injured worker with leg pain complaints. Submitted reports have not demonstrated support outside guidelines criteria. The 1 Medial Branch Nerve Blocks Lumbar 2-L3 injection is not medically necessary and appropriate.