

<b>Case Number:</b>	CM13-0011109		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	01/09/2009
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	07/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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 Neurology, has a subspecialty in Neuromuscular 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:

██████████ is a 57-year-old man who sustained a work-related injury on January 9, 2009. Subsequently he developed chronic back pain. He was treated with the chiropractic therapy, acupuncture, physical therapy and lumbar steroid injections. A left L3 L5 medial branch block was performed on February 8, 2013 with 50-80% pain reduction. A left medial branch block radiofrequency ablation was performed on May 3 2013 with 75% relief of the left side lower back pain his physical examination demonstrated lumbar tenderness with positive straight leg raising. The provider requested authorization for right-sided lumbar medial branch block and lumbar epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT SIDE LUMBAR MEDIAL BRANCH BLOCK (MBB): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet Injection Section

**Decision rationale:** The Official Disability Guidelines (ODG) did not support facet injection for lumbar pain in this clinical context. In addition, there is no clear evidence or documentation that lumbar facets are main pain generator. The patient was treated with epidural injection for radiculopathy and MBB is not indicated in case of radiculopathy. Therefore Right side lumbar medial branch block (MBB) is not medically necessary.

**LUMBAR EPIDURAL STEROID INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to MTUS guidelines, lumbar facet injection is not recommended for chronic back pain. Lumbar epidural injection could be recommended in case of radiculopathy to avoid surgery. There is no documentation that the patient is candidate for surgery an active radiculopathy. The patient underwent previous lumbar epidural injections; however there is no documentation of its efficacy and the duration of the response to pain. Therefore, the request for an additional lumbar epidural steroid injection (LESI) is not medically necessary.