

<b>Case Number:</b>	CM13-0020032		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	04/03/2000
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury on April 3, 2000. Thus far, the applicant has been treated with analgesic medications, prior cervical fusion surgery, a lumbar transforaminal epidural steroid injection, and long- and short-acting opioids. In a September 17, 2013 progress note, the applicant is documented as having persistent 3-10/10 low back pain. He is angry, anxious, and frustrated. He is using a cane, and is on Duragesic, Norco, Lyrica, and Soma. Facet or joint tenderness and decreased lumbar range of motion are appreciated. The applicant has an antalgic gait and negative straight leg raising. The applicant encourages the medial branch block denial. An earlier note dated May 8, 2013 is notable for comments that the applicant's radicular symptoms have diminished following prior epidural injections, and that he now wishes to consider diagnostic facet joint blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**medial branch blocks:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM guidelines in chapter 12, medial branch blocks are tepidly endorsed for diagnostic investigational purposes in individuals in whom facetogenic pain or facetogenic pathology is suspected. In this case, it appears that, based on recent progress notes provided, that the applicant does have some element of facetogenic pain elicited on range of motion testing. The applicant's earlier radicular complaints appear to have abated. Trial medial branch blocks are therefore indicated, and the request is certified.