

<b>Case Number:</b>	CM13-0031445		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	11/09/2010
<b>Decision Date:</b>	01/09/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 PM&R, 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 patient is a 57-year-old male who reported an injury on 11/2010 after lifting a patient at work, which subsequently caused a low back injury. He subsequently had been diagnosed as having spondylosis of the lumbar spine, as well as lumbar degenerative disc disease. The patient underwent an epidural steroid injection at the levels of L3-4, L4-5, and L5-S1 on 06/13/2013. Following that procedure, the patient was seen again on 07/16/2013 with complaints of mostly axial pain bilaterally from L2-S1. The patient did state that following the transforaminal epidural steroid injection at 3 levels, he had 100% complete resolution of the LE numbness and pain. On 08/29/2013, the patient underwent a lumbar medial branch nerve block, though it did not specify the area at which this procedure was carried out. The following date of 08/30/2013, it notes the patient underwent a bilateral lumbar medial branch nerve block at the L2-4 levels. It is unclear if this procedure is the same one as previously documented with just the date changed, as well as the added level of injections placed within the documentation. Following these procedures, there were no objective measurements taken to indicate the efficacy of the epidural steroid injections. The patient was next seen in 10/2013 for a follow-up complaint of low back pain, as well as to reorder his pain medication. On 10/30/2013, the patient underwent a right radiofrequency ablation of the lumbar medial branch nerve blocks at L2-3, L3-4, L4-5, and L5-S1. The physician is now requesting an outpatient medial branch block at the left L2-3, L3-4, L4-5, and L5-S1 levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient medial branch nerve block left at L2-L3, L3-L4, L4-L5 and L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines and the Official Disability Guidelines..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Intravenous regional sympathetic blocks (for RSD/CRPS, nerve blocks), Page(s): 55-56.

**Decision rationale:** According to the California MTUS Guidelines, intravenous regional sympathetic blocks are not recommended, except when other treatments are contraindicated. Due to the documentation provided for review not indicating the patient cannot undergo any other forms of treatment, the request for the medial branch nerve block cannot be considered medically necessary under the guideline criteria. It further states under California MTUS that IV regional blocks, which are also known as Bier blocks, are not commonly done for RSD/CRPS. Lastly, it states when the procedure is performed, it must be done in conjunction with a rehabilitation program. According to the documentation dated 10/09/2013, under the plan of care, it states the patient has started with Methadose on 06/06 and has been doing very well and has been sleeping well. However, as there are no other documentations providing a comprehensive evaluation of this patient, there is also nothing indicating the patient will be utilizing any other form of conservative modality as per guideline criteria. As such, the requested service is not deemed medically necessary at this time and is non-certified.