

<b>Case Number:</b>	CM13-0032053		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/30/2011
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 Emergency 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:

The patient has a reported date of injury on 6/30/2011. The mechanism of injury is described as a low back injury during breaking down a bed preparing delivery room for a patient. The patient has a diagnosis of acute lumbar paraspinal muscle strain, lumbar muscle spasms, right piriformis syndrome, right L4 radiculopathy and right sacroiliac joint dysfunction. Multiple medical records from primary treating physician and consultants reviewed. The patient has acute on chronic back injury and was doing well since original injury but reinjured her back 1 week prior to 9/3/13 visit after lifting an object. The new pain is different from regular baseline pain. The pain was severe enough requiring visit to the ED. Pain improved with oral Percocet and Advil. Pain was 7/10 at clinic visit. Pain is lumbar region, bilaterally and radiates down right buttock, hip and anterior thigh. Pain is constant and worsens with sitting, walking or movement. An objective exam reveals mild distress and anxiety. MRI of lumbar spine (8/21/13) shows an annular disc bulge at L4-5, central radial tear/fissure, no foraminal stenosis or nerve impingement and mild disc degeneration. Current medications include Valium, Percocet, Lyrica, Lidoderm, cholestyramine, naropin and triamcinolone. The patient has completed 6 sessions of physical therapy in 2011 and an additional 6 sessions in 2012. The patient has also completed acupuncture and chiropractic sessions. TENS unit was used on 1/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MEDIAL BRANCH BLOCKS ON THE RIGHT L3-S1 (DIAGNOSTIC PURPOSES):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**Decision rationale:** As per ACOEM Guidelines, medial branch blocks may be considered for diagnostics purpose in preparation for cervical neurotomies. The evidence to support neurotomies in lumbar region is poor. There has not been any trial of any conservative therapy to manage or improve patient's acute pain. Any plan for a neurotomy at lumbar spine region is also not supported by ACOEM guidelines; therefore, the requested medial branch blocks are not medically necessary.

**PHYSICAL THERAPY, LOW BACK 2 X 8 (WITH TENS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** As per MTUS Chronic pain guidelines, the patient has a acute on chronic exacerbation of her back pains. The patient has completed prior physical therapy but last event was 1 year prior. Location of pain appears also new and may require different home exercises that was previously taught to patient. As per MTUS chronic pain guidelines, it recommends 9-10 visits over 8 weeks in a fading frequency(3 per week to 1 or less). The requested number and frequency of sessions does not meet guidelines and is therefore not medically necessary.