

<b>Case Number:</b>	CM13-0054001		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/26/2011
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Physical Medicine and Rehabilitation 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:

This 59 year old female sustained an injury on 1/26/11 while employed by [REDACTED]. Request under consideration include one medial branch block at left L4-L5 and L5-S1, as outpatient. Report of 9/10/13 from [REDACTED] noted patient with increased neck complaints along with back and arm pain. Exam showed limited cervical range; spasm. Treatment included patient to see [REDACTED] and remains "P&S per my 6/11/13 report." AME supplemental report from [REDACTED] dated 3/22/13 noted MRI of lumbar spine on 1/23/13 with L5-S1 small right disc protrusion with right neural foraminal stenosis; EMG/NCV was normal. Diagnoses included Musculo-ligamentous sprain/ strain of the cervical/ thoracic/ lumbar spine and left elbow, bilateral shoulders with overuse syndrome rule out CTS of upper extremities. Future medical care included 2-3 office visits per year for recurrent symptom referral, NSAIDs with judicious use of pain medications; short visits of PT for flares to include possible acupuncture and chiropractic treatment with repeat shoulder scan with shoulder injections. There was no mention of spine injections provision for the diagnoses of strain/sprain. Report of 10/1/13 from [REDACTED] noted exam with normal muscle tone with intact motor strength and reflexes. Request for MBB was non-certified on 11/1/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Medial Branch Block at Left L4-L5 and L5-S1 as outpatient: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www. acoempracguides.org/Low Back](http://www.acoempracguides.org/Low%20Back); Table 2, Summary of Recommendations, Low Back Disorders.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, page 722; Neck and Upper Back, Facet Joint Diagnostic Blocks, pages 601-602.

**Decision rationale:** This 59 year old female sustained an injury on 1/26/11 while employed by [REDACTED]. Request under consideration include one medial branch block at left L4-L5 and L5-S1, as outpatient. Report of 9/10/13 from [REDACTED] noted patient with increased neck complaints along with back and arm pain. Exam showed limited cervical range; spasm. Treatment included patient to see [REDACTED] and remains "P&S per my 6/11/13 report." AME supplemental report from [REDACTED] dated 3/22/13 noted MRI of lumbar spine on 1/23/13 with L5-S1 small right disc protrusion with right neural foraminal stenosis; EMG/NCV was normal. Diagnoses included musculo-ligamentous sprain/ strain of the cervical/ thoracic/ lumbar spine and left elbow, bilateral shoulders with overuse syndrome rule out CTS of upper extremities. Future medical care included 2-3 office visits per year for recurrent symptom referral, NSAIDs with judicious use of pain medications; short visits of PT for flares to include possible acupuncture and chiropractic treatment with repeat shoulder scan with shoulder injections. There was no mention of spine injections provision for the diagnoses of strain/sprain. Report of 10/1/13 from [REDACTED] noted exam with normal muscle tone with intact motor strength and reflexes. Symptom complaints and clinical findings are not specific for facet arthropathy. MRI of the lumbar spine as noted by AME is without any facet disease, but more indicative of possible radiculopathy as there was disc protrusion and neural foraminal stenosis at L5-S1. Per AME, future medical provision for the spinal musculo-ligamentous strain and sprain diagnoses included short visits of PT for flare-ups without provision for any interventional spinal pain procedures. Submitted reports also have not documented failure of conservative treatment (including home exercise, PT and NSAIDs). MTUS Guidelines clearly do not support facet blocks for acute, subacute, or chronic cervical pain or for any radicular pain syndrome and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. The one medial branch block at left L4-L5 and L5-S1, as outpatient is not medically necessary and appropriate.