

<b>Case Number:</b>	CM14-0112524		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	09/28/2012
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 is a 27 year old female who had a work injury dated 9/28/12. The diagnoses include low back pain and muscle spasm; right sacroiliitis, possible lumbar facet syndrome. Under consideration are requests for work hardening and medial branch block. There is a 6/5/14 progress note that states that the patient is in the office today for lower backache. Pain level has remained unchanged since last visit. She saw QME who suggested possible lumbar medial branch blocks. On exam the patient ambulates to the examination room without assistive device. She is able to sit comfortably on the examination table without difficulty or evidence of pain. She ambulates without an assistive device with a normal gait. On exam there is no scoliosis, asymmetry or abnormal curvature noted on inspection of the lumbar spine, No limitation in range of motion is noted, (Jaenslen's was negative, lumbar facet loading is positive on the right side. Straight leg raising test is negative, the lower extremity reflexes are equal and symmetric. The treatment plan states that she presents with chief complaints of lower back pain as a result of a work-related accident while employed as a delivery truck driver. She has been treated conservatively with anti-inflammatory medications, psychotherapy, an exercise program and physical therapy. She is back to work--her employer is accommodating her restrictions. She has some increase in left buttock pain. The documenting physician states that he will hold off on Sacroiliac joint injection as she is no longer have buttock pain, The treatment plan states that a lumbar medial branch blocks on right side, will be attempted as the pain is primarily in the low back with no radicular symptoms and no radicular symptoms. There is +facet loading on the right. The patient has completed 12 sessions PT, independent with a home exercise program. There is a recommendation for a TENS unit trial. The patient will continued medications. A

Functional Capacity evaluation complete. There are recommendations for work hardening and pain coping skills education. The patient will continue modified duty.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Work Hardening:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

**Decision rationale:** Work hardening is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. The guidelines state that there should be a defined return to work goal agreed to by the employer & employee. The request as written does not indicate a duration of work hardening. The documentation indicates that the patient is on modified duty but does not indicate a defined return to work goal agreed on by the employer and employee. Additionally, the documentation indicates that further medical treatment such as medial branch blocks were recommended. For these reasons the request for work hardening is not medically necessary.

**Medial Branch Block:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines web 2012 "low back" facet joint diagnostic blocks (injections)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back-Lumbar & Thoracic (Acute & Chronic): Facet joint diagnostic blocks (injections).

**Decision rationale:** Medial Branch Block is not medically necessary per the MTUS Chronic Pain and the ODG guidelines. The MTUS ACOEM guidelines state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that medial branch blocks should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There should be no more than 2 facet joint levels are injected in one session. The request as written does not indicate how many levels or the location of the medial branch block. The documentation states the medial branch block is requested for 3 levels which exceeds guideline recommendations. The request for medial branch block is not medically necessary.

