

<b>Case Number:</b>	CM14-0171075		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	04/01/2010
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 1, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and extensive periods of time off of work. In a Utilization Review Report dated October 15, 2014, the claims administrator denied a request for medial branch blocks, invoking non-MTUS ODG Guidelines. The claims administrator stated that its decision was based on an October 9, 2014 Request for Authorization (RFA) form, which was not, it is incidentally noted, incorporated into the Independent Medical Review packet. The applicant's attorney subsequently appealed. In an August 8, 2013 progress note, the applicant reported ongoing complaints of low back pain radiating into left leg, 4/10. The applicant was status post physical therapy, trigger point injections, and epidural steroid injections, it was acknowledged. The applicant was overweight, with a BMI of 31. The applicant was reportedly working without restrictions, it was stated in one section of the note. Well-preserved, 5/5 lower extremity strength was appreciated on this occasion with some pain elicited on range of motion testing. Tenderness was noted about the paraspinal musculature with no facetogenic or SI joint tenderness appreciated on this occasion. Norco was renewed. In an earlier progress note dated May 16, 2014, the applicant presented reporting 5/10 low back pain. Large portions of the progress note employed preprinted checkboxes. It was noted on this occasion that the applicant was not working and would remain off of work for another six months. It was stated that the applicant was attending school. On May 16, 2014, the applicant received trigger point injection therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Lumbar 3, 4, and 5 medial branch block:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 309.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections, of which the medial branch blocks at issue are a subset, are deemed "not recommended." While ACOEM Chapter 12, page 301 does establish a limited diagnostic role for medial branch blocks as a precursor to pursuit of facet neurotomies, in this case, however, the information on file does not seemingly point to a diagnosis of facetogenic low back pain for which the medial branch blocks at issue could be considered. The applicant has been described on multiple other occasions referenced above, as exhibiting radicular low back pain radiating into the left leg, myofascial low back pain for which trigger point injections have been given, etc. While it is acknowledged that the October 9, 2014 Request for Authorization (RFA) form on which the article at issue was sought was seemingly not incorporated into the Independent Medical Review packet, the information which is on file, however, fails to support or substantiate the request. The request, thus, is not indicated both owing to the considerable lack of diagnostic clarity present here as well as owing to the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.