

<b>Case Number:</b>	CM14-0175466		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	03/26/2011
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Anesthesiologist, Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 49-year-old male who reported an injury on 03/26/2011. The mechanism of injury was due to a motor vehicle accident. The injured worker has diagnoses of cervical pain/cervicalgia, knee pain/joint pain, carpal tunnel syndrome, pain in the thoracic spine, radiculitis of the lumbar and thoracic spine, low back pain with lumbago, and rib pain. Past medical treatment consisted of chiropractic therapy, physical therapy, branch blocks, injections, and medication therapy. Medications include Xanax and ibuprofen. There were no diagnostics or imaging studies on the lumbar spine submitted for review. On 09/15/2014, the injured worker complained of chronic pain. The physical examination of the lumbar spine revealed no scoliosis. Palpation of the lumbar facet revealed left sided pain at L2 to L5. There was no pain noted over the lumbar intervertebral spaces on palpation. Palpation of the bilateral sacroiliac joint area revealed no pain. Palpation of the greater trochanteric bursa on both sides revealed no tenderness. Anterior flexion of the lumbar spine was noted to be 80 degrees. Anterior lumbar flexion caused pain. Extension of the lumbar spine was noted to be full at 30 degrees. There was also no pain with lumbar extension. Left lateral flexion of the lumbar spine was noted to be 20 degrees with pain. Right lateral flexion of the lumbar spine was noted to be full at 25 degrees with no pain. The medical treatment plan was for the injured worker to undergo nerve blocks at the left L2 to S1. The provider was requesting a nerve block at L2 to S1 as planned as diagnostic measures to further help elicit origination of pain on the injured worker. The Request for Authorization form was submitted on 09/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical Brace Nerve Block, Left L2-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines-Facet joint 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 Chapter, Facet joint diagnostic blocks (injections).

**Decision rationale:** The request for a nerve block at left L2-S1 is not medically necessary. According to the ODG, criteria for medial branch blocks include documentation of failure in conservative care to include physical therapy and NSAIDs prior the procedure for at least 4 to 6 weeks; limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally; and there are to be no more than 2 facet joint levels injections in 1 sessions. The submitted documentation indicated that there was pain upon palpation in the lumbar facet on the left side at L2 to L5. There were no indications of any other levels. The request as submitted indicated at left side levels L2 to S1, and the guidelines recommend no more than 2 levels at 1 time. Additionally, there was no indication in the documented report that the injured worker was initially unresponsive to conservative care to include physical therapy for at least 4 to 6 weeks prior to the procedure. Given the above, the injured worker is not within the recommended guideline criteria. Furthermore, the request as submitted is unclear as it reads "Medical brace nerve block, left L2-S1." As such, the request is not medically necessary.