

<b>Case Number:</b>	CM13-0062798		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	05/17/2011
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 is a patient with a date of injury of 5/17/11. A utilization review determination dated 11/22/13 recommends non-certification of medial branch blocks and a back brace. 11/5/13 medical report identifies mid and low back pain with right leg radiating pain, numbness, and tingling. On exam, there is tenderness, limited ROM, and negative SLR. Motor and sensory exams did not show specific numbness or weakness in the lower extremities. Waddell trunk rotation test was mildly positive. X-rays showed disc degeneration at L5-S1 with vacuum disc. Facet arthritis was noted at L5-S1 and L4-5 bilaterally. No instability was noted. Moderate disc degeneration was noted at L2-3 with anterior spurring. Epidurals and facet blocks were said to provide good relief in the past. A consultation with pain management was recommended, as well as PT, facet blocks, and a back brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT L4-5 & L5-S1 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): 300, 309, Postsurgical Treatment Guidelines.

**Decision rationale:** Regarding the request for RIGHT L4-5 & L5-S1 MEDIAL BRANCH BLOCKS, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Guidelines go on to recommend no more than 2 joint levels be addressed at any given time. Within the documentation available for review, there is radiating pain with numbness and tingling, but the neurologic exam was negative. The patient is noted to have had facet injections in the past. ODG supports progression to medial branch blocks if facet injections are successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), but the specific response to these injections is not documented. Additionally, there was apparently a pending consultation with pain management, and given the above, the consultation may provide additional information to help determine whether or not medial branch blocks are the most appropriate method to determine the most likely pain generator(s). In light of the above issues, the currently requested RIGHT L4-5 & L5-S1 MEDIAL BRANCH BLOCKS are not medically necessary.

**CYBERTECH BACK BRACE:** 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.

**Decision rationale:** Regarding the request for CYBERTECH BACK BRACE, California MTUS notes that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, the patient is noted to be well past the acute stage of injury. The x-rays are noted to show some disc degeneration and facet arthritis, but no instability is present and there is no indication of compression fractures, a recent/pending spine surgery, or another clear rationale for a back brace. In light of the above issues, the currently requested CYBERTECH BACK BRACE is not medically necessary.