

<b>Case Number:</b>	CM14-0040268		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/20/2010
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 May 20, 2010. In a Utilization Review Report dated January 24, 2014, the claims administrator failed to approve request for multilevel medial branch blocks x2. The claims administrator stated that its decision was based on a January 9, 2014, office visit. The applicant's attorney subsequently appealed. On April 11, 2014, the applicant received an L5-S1 lumbar epidural steroid injection. On September 26, 2013, the applicant reported persistent complaints of low back pain radiating to the right leg, 8/10. The applicant was apparently working as of this point in time. The applicant was using Lipitor, Percocet, and aspirin, in was stated in the medication section of the report. Lumbar MRI imaging, regular duty work, and Percocet were endorsed. The applicant apparently had evidence of moderate-to-severe degenerative disk disease and retrolisthesis noted on plain films of the lumbar spine. On January 9, 2014, the applicant again reported persistent complaints of low back pain, exacerbated by standing and walking. There was some associated radiation of pain to bilateral legs. The applicant was working despite ongoing pain complaints. 5/5 bilateral lower extremity strength was appreciated with seemingly normal gait and negative straight leg raising. The applicant was given diagnosis of multifocal low back pain, including myofascial pain, discogenic pain, and facet mediated pain. Lumbar medial branch blocks and Percocet were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3,L4 and L5 medial branch block injection times 2 (quantity: 6): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pubmed/16952818>

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

**Decision rationale:** As noted in the MTUS Guideline in Chapter 12, Table 12-8, page 309, facet joint injections, which the medial branch blocks at issue are subset, are deemed "not recommended." While this recommendation is qualified by commentary made in ACOEM Chapter 12, page 301, to the effect that there is a limited role for diagnostic medial branch blocks as a precursor to pursuit of facet neurotomy, in this case, however, there is, as noted above, considerable lack of diagnostic clarity present here. The applicant is consistently described as having ongoing complaints of low back pain radiating to the legs. The applicant received an epidural steroid injection, again presumably for lumbar radicular pain. The applicant also has also been given diagnoses of moderate-to-severe degenerative disk disease, facet mediated pain, discogenic pain, and myofascial pain. 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. Furthermore, ACOEM Chapter 12 page 301 suggests that facet neurotomies should be performed after diagnostic medial branch blocks. Here, however, the attending provider has seemingly sought two successive medial branch blocks, with no clear rationale or explanation for the same. Therefore, the request is not medically necessary.