

<b>Case Number:</b>	CM15-0000533		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	10/27/2001
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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:

The injured worker is a 55 year old male who sustained an industrial injury on 10/27/2001. He has reported low and mid back pain and whiplash. The diagnoses have included cervicalgia, thoracic pain, lumbago and thoracic and lumbar degenerative disc disease. Treatment to date has included medication management, prior lumbar 2-3 branch blocks and congenital cervical spine fusion and lumbar fusion per the magnetic resonance imaging. Currently, the IW complains of lower and mid back pain. Patient is said to have tenderness over the facets and pain with extension. The treatment plan included medial branch block to the lumbar 4-5 and lumbar 5-sacral 1 facet joints. On 12/16/2014, Utilization Review non-certified a medial branch block to the lumbar 4-5 and lumbar 5-sacral 1 facet joints, noting the lack of medical necessity and the lack of documentation of functional improvement from prior injections. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 12/22/2014, the injured worker submitted an application for IMR for review of medial branch block to the lumbar 4-5 and lumbar 5-sacral 1 facet joints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Medial Branch Block to the L4-L4 and L5-S1 Facet Joints:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic)

**Decision rationale:** Regarding the request for lumbar medial branch blocks, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that diagnostic medial branch blocks may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, absence of radicular findings, and a normal straight leg raise. They also note that they should not be performed in patients with a spinal fusion at the level of injection. Therapeutic injections are not recommended. Within the documentation available for review, it appears that the patient has had radiating pain down the extremity in the past, but there is no current indication of a normal straight leg raise. Furthermore, the patient is noted to have a fusion at L4-5, which is an exclusion criteria. In light of the above issues, the currently requested lumbar medial branch blocks are not medically necessary.