MAXIMUS Federal Services

| Case Number: | CM15-0138363 | | |
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| Date Assigned: | 07/28/2015 | Date of Injury: | 07/01/2010 |
| Decision Date: | 08/25/2015 | UR Denial Date: | 06/30/2015 |
| Priority: | Standard | Application Received: | 07/16/2015 |

## 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: Massachusetts
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 64-year-old female sustained an industrial injury on 7/01/10. She subsequently reported back pain. Diagnoses include chronic pain syndrome, lumbar facet joint arthropathy, lumbar spine degenerative disc disease and lumbar radiculopathy. Treatments to date include nerve conduction, x-ray and MRI testing, injections, TENS therapy, physical therapy and prescription pain medications. The injured worker continues to experience back pain with radiation to the right thigh and lower extremity. Upon examination, there was increased end range of motion and stiffness/ tenderness in the cervical and lumbar regions. Gait was antalgic due to pain. Lying and sitting straight leg raising tests were positive bilaterally. A request for Diagnostic bilateral L3-L4, followed one week later by bilateral L5-S1 medial branch nerve blocks was made by the treating physician.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic bilateral L3-L4, followed one week later by bilateral L5-S1 medial branch nerve blocks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**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-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

**Decision rationale:** The claimant sustained a work-related injury in July 2010 and continues to be treated for chronic low back pain. When seen, she was having bilateral leg pain and anterior thigh paresthesias. Pain was radiating to the mid thighs and sometimes to the knees. There was a BMI of over 32. There was Decreased lumbar range of motion with stiffness and facet-loading maneuvers were positive. There was low back pain only with straight leg raising. There was an antalgic gait due to pain. There was normal strength and sensation. Authorization for two lumbar medial branch blocks procedures at different levels one week apart was requested. Criteria for the use of diagnostic blocks for facet-mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has axial low back pain with positive facet loading and has undergone extensive prior conservative treatment. The criteria are met for a lumbar medial branch blocks procedure. However, two procedures are being requested. Without knowing the claimant's response to the first procedure, requesting a second procedure at a different level is not appropriate. For example, if there was a complete resolution of pain during the first procedure, there would be no need for the second. The request was not medically necessary.