

<b>Case Number:</b>	CM15-0189870		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	12/31/2005
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 54 year old male, who sustained an industrial injury on 12-31-2005. The injured worker is being treated for primarily right sided axial low back pain, and chronic pain. Treatment to date has included surgical intervention (lumbar fusion, 2008), medications, diagnostics, sacroiliac joint injection, physical therapy and work restrictions. Per the Follow-up Evaluation dated 8-18-2015, the injured worker presented for reevaluation. He reported that he has been tolerating conversion to MS Contin well. He reported his pain as 5 out of 10. He is interested in a radiofrequency neurotomy procedure. Objective findings included tenderness to palpation at and below the iliac crest level on the right. Lumbar extension was more painful than flexion. Work status was not documented at this visit. The plan of care included medications and medial branch block and authorization was requested for diagnostic right L5 medial branch blocks. On 8-28-2015, Utilization Review non-certified the request for a diagnostic right L5 medial branch blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic right L5 medial branch block: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter - Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medial branch blocks.

**Decision rationale:** The ACOEM states: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. Criteria have not been met in the provided clinical documentation as the patient has history of previous lumbar fusion at the level of request. Therefore the request is not medically necessary.