

<b>Case Number:</b>	CM15-0195046		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	04/20/2010
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61 year old male, who sustained an industrial injury on 04-20-2010. The injured worker is noted as temporarily totally disabled as of 06-25-2015. Medical records indicated that the injured worker is undergoing treatment for chronic axial cervical, thoracic, and lumbar back pain, chronic ongoing depression, chronic left hip pain, and worsening axial low back pain with "noted facet arthropathy on prior MRI". Treatment and diagnostics to date has included trigger point injections, epidural steroid injections, home exercise program, psychotherapy, psychiatric treatment, and medications. Current medications include Naltrexone, Baclofen, Wellbutrin, and Gabapentin. After review of the progress note dated 07-21-2015, the injured worker reported low back pain that has been "worse over the past few weeks". Objective findings included decreased range of motion to the thoracolumbar spine with flexion and extension with negative straight leg raise test bilaterally. The Utilization Review with a decision date of 09-08-2015 denied the request for a medial branch block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 (ODG), Lumbar spine, Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Low Back Chapter, Facet joint diagnostic blocks (injections).

**Decision rationale:** The patient presents with worsening axial low back pain. The current request is for a medial branch block. The treating physician notes on 7/21/15 (14B) the patient has received transforaminal epidural steroid injections in the past but has not had a medial branch block. The treating physician continues, we will schedule him for medial branch blocks of the lumbar spine. We will target the L3-S1 medial branches corresponding with the anatomic levels of L4-L5 sacral ala and S1. MTUS guidelines do not address facet block injections. ODG guidelines state specifically the criteria used for facet joint pain injections, which include, tenderness to palpation over the facet region, a normal sensory examination, absence of radicular findings and normal straight leg raising. ODG guidelines go on to state that diagnostic blocks for facet mediated pain should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. In this case, while the clinical history does indeed document the requested medial branch block is to be performed at the L3-S1 target, the Independent Medical Review Application fails to document the specific target region. Thus, an approval of the IMR in question would be for a medial branch block at an unknown target. MTUS requires much greater detail in determining the medical necessity of treatment. While the requested treatment may indeed be consistent with MTUS and/or ODG Guidelines, the medical necessity cannot be found without a greater level of detail, specifically, definition of the target in the IMR Application. Thus, the current request is not medically necessary.