

<b>Case Number:</b>	CM15-0196567		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	02/27/2013
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 28 year old female with a date of injury on 02-27-2013. The injured worker is undergoing treatment for myofascial pain syndrome, lumbar sprain and lumbar radiculopathy. A physician progress note dated 08-19-2015 the injured worker has continued pain in her right shoulder and right lower back. There are trigger points present in the right lumbar spine, and spasms of the right cervical spine paraspinal muscles. Trigger point injections were administered in the right iliolumbar ligaments, T L spinalis, and T longissimus. A physician note dated 08-26-2015 documents the injured worker complains of increased pain in the lumbar spine to this right buttock, and pain in her right shoulder especially with overhead activity. Straight leg raise was positive bilaterally. There is a positive right lumbar spine facet maneuver. Lumbar range of motion is restricted. She has decreased sensation to light touch in her bilateral feet. Several documents within the submitted medical records are difficult to decipher. Treatment to date has included diagnostic studies, medications, status post shoulder surgery, epidural steroid injections, trigger point injections, chiropractic sessions, acupuncture, physical therapy and a home exercise program. Current medications include Omeprazole, Neurontin, Voltaren XR, Lidopro, and Flexeril. A Magnetic Resonance Imaging of the lumbar spine done on 03-26-2015 showed nerve impingement at the right L5 and S1 levels. The Request for Authorization dated 08-26-2015 includes Methoderm, and Transcutaneous Electrical Nerve Stimulation unit pads x 2. On 09-15-2015 Utilization Review non-certified the request for Lumbar medial branch block at L3-L4, L4-L5.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **Lumbar medial branch block at L3-L4, L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Chapter: Low Back (Acute & Chronic) - Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

**Decision rationale:** CA MTUS/ACOEM guidelines Chapter 12 Low Back complaints, page 300 states that "lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." The use of diagnostic facet blocks require that the clinical presentation to be consistent with the facet-mediated pain. Treatment is also limited to patients with low back pain that is non-radicular in nature. In this case the exam note from 8/26/15 demonstrates radicular complaints. Therefore, the request is not medically necessary.