

<b>Case Number:</b>	CM15-0197204		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	07/07/1999
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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, 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 70 year old male who sustained an industrial injury on July 07, 1999. An orthopedic follow up dated September 10, 2015 reported subjective complaint of "low back pain." He feels the pain is worse. He is having "aching pain in the low back radiating with aching to the left buttock and left groin." He is feeling more parasthesia's both in the anterior and posterior thighs as well as the medial lower legs. Currently he is taking, Norco, Tramadol, and Cymbalta with "good relief and tolerates" it well. The medication offers functional improvement; he continues to exercise daily with medication, can be on his feet longer, is able to exercise more, able to do housework, able to do housework and periodically shop and care for his parent. There is note of injections being denied and "pain has been worse since no injection administered." The impression noted: lumbar degenerative disc disease; low back pain; bilateral lumbar radiculopathy; lumbar stenosis; depression, and chronic pain syndrome. The plan of care is with standing recommendation for left lumbar dorsal medial branch block injections. Primary follow up dated April 28, 2015 reported the patient having been receiving epidural injections about two or three times a year, last one administered February 05, 2015 with results described as "greater than 50% relief for months." There is noted discussion regarding denials and the worker very frustrated. On September 15, 2015 a request was made for L4-5 and L5-S1 medial branch block injection that was noted noncertified by Utilization Review on September 22, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 left L4-L5 and left L5-S1 dorsal medical branch block with medical sedation and fluoroscopic guidance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers Compensation Online Edition 2015 Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The request is for a left L4-L5 and L5-S1 dorsal medical branch block. MTUS Guidelines state that facet joint diagnostic blocks are limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. This patient presents with clinical evidence of radiculopathy on examination, including decreased sensation and reflexes and positive straight leg raising. There is also documentation of a recent failure of conservative measures. Therefore, the request is not medically necessary or appropriate.