

<b>Case Number:</b>	CM15-0203308		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	12/21/1998
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 57-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of December 21, 1998. In a Utilization Review report dated September 30, 2015, the claims administrator failed to approve a request for multilevel lumbar medial branch blocks. The claims administrator referenced a September 24, 2015 RFA form and an associated September 15, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On July 7, 2015, the applicant reported ongoing complaints of low back pain, 6-8/10. The applicant was using Norco, Soma, Naprosyn, Prilosec, the treating provider reported. The applicant did report associated right lower extremity radicular pain complaints. The applicant had undergone earlier failed lumbar laminectomy surgery. The applicant carried a known diagnosis of spinal stenosis. Lumbar radiculopathy was listed amongst the operating diagnoses. The applicant had also undergone cervical spine surgery, the treating provider reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3, L4, and L5 lumbar medical branch nerve blocks:** 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), 2013 (online version) Low Back, Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 604.

**Decision rationale:** No, the request for bilateral L3-L4, L4-L5, and L5 lumbar medial branch blocks was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 notes that facet neurotomy should only be performed after performing diagnostic medial branch blocks as are at issue here, here, however, the September 15, 2015 office visit on which the article in question was proposed was not seemingly incorporated into the IMR packet. The July 7, 2015 progress note furnished made no mention of the applicant's intent to pursue diagnostic medial branch blocks as precursor in pursuit of subsequent facet neurotomy procedures. The Third Edition ACOEM Guidelines Low Back Disorder Chapter further notes that facet joint injections are not recommended in the radicular pain syndrome context present here. The applicant was described on July 7, 2015 as having ongoing complaints of low back pain radiating to the thigh. The applicant had undergone earlier failed lumbar spine, the treating provider reported. Pursuit of medial branch blocks was not, thus, indicated in the lumbar radiculopathy context present here, per ACOEM. Therefore, the request is not medically necessary.