

<b>Case Number:</b>	CM15-0026792		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	04/11/2011
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: Arizona, California

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 63 year old male, who sustained an industrial injury on April 11, 2011. The diagnoses have included chronic pain, cervical radiculopathy, lumbar facet arthropathy, lumbar radiculopathy, and lumbar spinal stenosis. Treatment to date has included cervical epidural steroid injection (ESI) and medications. Currently, the injured worker complains of neck pain with numbness in the left upper extremity to the level of the hand, bilateral occipital headaches, and low back pain that radiates down the left lower extremity. The Treating Physician's report dated January 5, 2015, noted the injured worker was status post a cervical epidural steroid injection (ESI) left C5-C6 on October 31, 2014, with the injured worker reporting excellent, greater than 80%, overall improvement. Cervical examination was noted to show spinal vertebral tenderness in C4-C7, limited range of motion (ROM), and decreased sensations in the left upper extremity with the affected dermatome C5-C7. Lumbar examination was noted to show spasm, tenderness to palpation in the spinal vertebral area L4-S1 levels, with moderately limited range of motion (ROM) secondary to pain, facet signs present in the bilateral lumbar spine, and decreased sensitivity along the L3-L4 dermatome in the left lower extremity. On January 28, 2015, Utilization Review non-certified a bilateral L4-S1 medial branch nerve block, noting the requested intervention was not supported by evidence based guidelines or the submitted clinical records. The MTUS Chronic Pain Medical Treatment Guidelines, the MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines, and the Official Disability Guidelines (ODG) were cited. On February 12, 2015, the injured

worker submitted an application for IMR for review of a bilateral L4-S1 medial branch nerve block.

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

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

**Bilateral L4-S1 medial branch nerve block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG guidelines , back pain chapter and medial facet blocks

**Decision rationale:** According to the ACOEM guidelines, invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. The claimant had already received epidural injections. A prior MRI of the lumbar spine in August 2011 indicated the claimant had disc protrusion and L2-L5 root compromise. According to the ODG guidelines: Medial Branch blocks are not recommended for diagnostic purposes for a facet neurotomy. The claimant had a negative straight leg raise but did have an abnormal sensory exam. The guidelines require a normal sensory exam to indicate facet pathology. Although the request was for diagnostic purposes with possible plan for neurotomy, the claimant does not meet the criteria for facet pathology and thus a medial branch block is not medically necessary.