

<b>Case Number:</b>	CM15-0041958		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	04/28/2005
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: Arizona, Texas

Certification(s)/Specialty: Internal 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 injured worker is a 60 year old female who sustained an industrial injury on 04/28/2005. Current diagnoses include lumbar facet pain, bilateral sacroiliac joint pain, bilateral piriformis syndrome, and bilateral greater trochanteric bursitis. Previous treatments included medication management, blocks, and radio-frequency ablation. Report dated 12/17/2014 noted that the injured worker presented with complaints that included low back pain and right hip pain. Pain level was rated as 4 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included prescriptions for hydrocodone-acetaminophen, Naproxen, and lexapro, and follow-up in 6 weeks. Disputed treatment includes bilateral lumbar medial branch blocks at L4-L5 and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral lumbar medial branch blocks at L4-L5 and L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** According to the ACOEM chapter on low back, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. In this case the progress note dated 12/17/14 is reviewed. The documentation doesn't support that this patient is in the transitional phase between acute and chronic pain. The documentation doesn't support the medical necessity of invasive techniques.