

<b>Case Number:</b>	CM15-0048239		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	11/12/1990
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 was a 56 year old female, who sustained an industrial injury, November 12, 1990. The injured was sustained from fall landing on the coccyx and sacrum. The injured worker previously received the following treatments Flexeril, Norco, Neurontin, Ibuprofen, Acetaminophen and Burtrans. The injured worker was diagnosed with back pain, chronic pain syndrome, disorder of the sacrum, myositis, psychalgia, thoracic radiculopathy, lumbosacral spondylosis without myelopathy, sacrum sprain, myalgia and anxiety. According to progress note of January 21, 2015, the injured workers chief complaint was lower back pain with radiation to right arm, right and left calf and right and left feet. The injured worker described the pain as aching, burning, deep, persistent, sharp and throbbing. The pain was rated a 4 out of 10 with pain medication and 6-7 without pain medication; 0 being no pain and 10 being the worse pain. The physical exam noted tenderness to palpation SI joint, pain with motion. The buttocks were painless on the right and left side. The greater trochanter was painless right and left. The sacroiliac joint was painful right and left. The treatment plan included lumbosacral medial block at L5, S1, S2 and S3 on the left side with supplies and IV sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbosacral Medial Branch Nerve Block at L5, S1, S2, S3 on the left side with supplies and IV sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-Facet joint medial branch blocks (therapeutic injections).

**Decision rationale:** Lumbosacral Medial Branch Nerve Block at L5, S1, S2, S3 on the left side with supplies and IV sedation is not medically necessary per the MTUS Chronic Pain and the ODG guidelines. The MTUS ACOEM guidelines state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that medial branch blocks should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There should be no more than 2 facet joint levels are injected in one session. The request as written exceeds the number of levels that is recommended by the guidelines for these injections. Furthermore, the documentation suggests the patient also has radicular pain. For these reasons the lumbosacral medial branch nerve blocks are not medically necessary.