

<b>Case Number:</b>	CM15-0050819		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 52 year old male, who sustained an industrial injury on July 18, 2013. He has reported lower back pain, neck pain, right shoulder pain, and headache. Diagnoses have included cervical spine facet syndrome, shoulder pain, lower back pain, cervical spine spondylosis, occipital neuralgia, headache/facial pain, and right shoulder rotator cuff tendonitis, impingement, and arthrosis. Treatment to date has included medications, physical therapy, right shoulder surgery, home exercise, and imaging studies. A progress note dated February 25, 2015 indicates a chief complaint of neck pain and lower back pain. The treating physician documented a plan of care that included headache medications, lumbar medial branch block, and possible candidacy for a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial Branch Block (L4-5 and Sacral Ala, Nerve 3 side Left):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Intergrated Treatment/Disability Duration Guidelines, Low Back, Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

**Decision rationale:** The claimant is nearly 2 years status post work-related injury and continues to be treated for neck and low back pain. Conservative treatments have included medications and physical therapy including compliance with a home exercise program. Physical examination findings included normal lumbar spine range of motion with positive left sided facet loading. There was negative straight leg raising and a normal neurological examination. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has axial low back pain with positive facet loading and has undergone extensive prior conservative treatment. The criteria are met and therefore the requested lumbar medial branch block procedure is medically necessary.