

<b>Case Number:</b>	CM15-0083132		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	01/20/2012
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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 59 year old female, who sustained an industrial injury on January 20, 2012. The injured worker was diagnosed as having lumbago, cervicgia and sacroiliac joint dysfunction. Treatment and diagnostic studies to date have included lumbar branch blocks and medication. A progress note dated February 26, 2015 provides the injured worker complains of neck, shoulder and back pain. She rates the pain 8/10 with medication. Physical exam notes cervical and lumbar tenderness with decreased range of motion (ROM). The plan includes lab work, transdermal and oral medication and lumbar branch block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar medial branch block L3-L4, L4-5, L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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), Diagnostic facet joint blocks (injections).

**Decision rationale:** The claimant is more than three years status post work-related injury and continues to be treated for low back pain. When seen, she was having low back pain with stiffness which was increased with bending. Physical examination findings included midline and paraspinal tenderness with mildly decreased range of motion. Medications were prescribed and medial branch blocks were planned. 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 non-radiating low back pain and has undergone prior conservative treatments. The requesting provider, however does not document physical examination findings consistent with facet mediated pain. Additionally, the number of levels requested was in excess of the guideline recommendation. Therefore, the requested medial branch blocks were not medically necessary.