

<b>Case Number:</b>	CM14-0121888		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	01/14/2012
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 reported an injury on 01/14/2014, the mechanism of injury was not provided. On 02/10/2014, an MRI of the lumbar spine was performed and noted moderate facet and ligamentous disease of the L4-5 with lateral recess stenosis and etiology for anterolisthesis and mild facet and ligamentous hypertrophy from the L5-S1 with central disc osteophyte complex of 2 mm without contact of the thecal sac. On 07/09/2014, the injured worker presented with complaints of low back pain. Other treatments included medications, physical therapy, acupuncture, chiropractic treatment and injections. Examination of the lumbar spine noted tenderness to palpation over the spinal vertebral area of L4-S1 levels with moderately severe to severely limited range of motion. There was normal sensation bilaterally and negative bilateral straight leg raise. Diagnoses were chronic pain, lumbar facet arthropathy and lumbar radiculitis. The provider recommended a lumbar medial branch block at the L4-5 and L5-S1 levels as a diagnostic trial to determine origin of the injured worker's pain. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Medial Branch Nerve Blocks at Bilateral L4-L5 and 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 ACOEM), 2nd Edition, (2004) Low Back Complaints, page(s) 301.

**Decision rationale:** A request for a lumbar medial branch block at bilateral L4-5 and L5-S1 is not medically necessary. The California MTUS/ACOEM Guidelines state that diagnostic and/or therapeutic injections may have benefit in an injured worker presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines further state that criteria for use of a diagnostic block is limited to injured workers with pain that is nonradicular, no more than 2 joint levels injected in 1 session, failure of conservative treatment to include home exercise, physical therapy and NSAIDS prior to the procedure for at least 4 to 6 weeks. The guidelines indicate limited to injured workers with non-radicular pain, however the injured worker reported pain and tingling to the level of the thigh, knees, ankles, and feet. The provider noted that the injured worker had completed an initially recommended course of conservative treatment and failed. There was tenderness to palpation of the bilateral lumbar paravertebral areas and to the L4-S1 levels. A negative straight leg raise was noted bilaterally. Clarification is needed to address motor strength deficits. As such, the request is not medically necessary.