

<b>Case Number:</b>	CM14-0121900		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	02/18/2004
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	07/14/2014
<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 Internal 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 02/18/2004. The injured worker slipped and fell and landed on her back while entering the church. The injured worker complained of back and neck pain. The diagnoses included diabetes, De Quervain's, and L5-S1 fusion to the lumbar spine. Prior treatments included physical therapy, injections and medications. The diagnostics included an x-ray. Prior surgery for lumbar fusion at the L5-S1. The injured worker rated her pain as 7/10 to 8.5/10. The medications included Percocet, Gabapentin, and Sertraline. The physical examination dated 04/09/2014 of the lumbar spine revealed the musculoskeletal/osteo revealed a spinal curve grossly within normal limits, paravertebral MM tone within normal limits, neurovascular strength 5/5 grossly, station and gait within normal limits. Also noted injection to the foot second to a fall at the hospital. Currently in physical therapy. The Request for Authorization dated 08/05/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar medial branch block L5-S1:** Upheld

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

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

**Decision rationale:** The request for Lumbar medial branch block L5-S1 is not medically necessary. The California MTUS Guidelines state diagnostic and/or therapeutic injections may have benefited in injured workers presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines further states the criteria for use of diagnostic blocks is limited to injured workers with pain that is nonradicular, no more than 2 joint levels are injected in 1 session, and failure of conservative treatment to include home exercise, physical therapy, non-steroidal anti-inflammatories prior to the procedure for at least 4 to 6 weeks. The clinical note was vague for the physical examination. The clinical notes also were not evident of failed conservative care. The documentation lacked evidence that the injury was between acute and chronic. As such, the request is not medically necessary.