

<b>Case Number:</b>	CM14-0162221		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	09/29/2010
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 29, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; earlier knee arthroscopy; and anxiolytic medications. In a Utilization Review Report dated September 16, 2014, the claims administrator approved a request for Nucynta and Klonopin while denying a request for medial branch blocks. The applicant's attorney subsequently appealed. In an August 28, 2014 progress note, the applicant reported persistent complaints of low back and leg pain. In another section of the note, it was stated that the applicant was having throbbing low back pain radiating into the bilateral legs. Paresthesias, pins and needles sensation, and numbness were reported, 7-8/10. It was stated that the applicant could consider acupuncture and should obtain a neurosurgery evaluation. The applicant was working full time as a police officer, it was acknowledged. The applicant did have somewhat painful lumbar range of motion. Range of motion was nevertheless full. Palpable myofascial pain was also noted. Multilevel lumbar medial branch blocks were also sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial Branch Block L3, L4, L5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 301 309.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections, which the medial branch blocks at issue are a subset, are considered "not recommended." While ACOEM Chapter 12, page 301 does establish a limited role for diagnostic medial branch blocks in applicants who are considering facet neurotomy procedures, in this case, however, there is no clear or compelling evidence of facetogenic pain for which medial branch blocks could be considered. The applicant has been given conflicting diagnoses, including myofascial pain, radiculitis, and/or facetogenic pain, it has been suggested in the same progress note, referenced above. The request, thus, is not indicated both owing to the considerable lack of diagnostic clarity present here as well as owing to the unfavorable ACOEM position on the article at issue. Accordingly, the request is not medically necessary.