

<b>Case Number:</b>	CM14-0096674		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/02/2011
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 43-year-old female who reported an injury on 05/02/2011. The injured reportedly occurred at work when she slipped and fell on a wet floor landing on her buttocks. The injured worker stated that she injured her neck and left wrist. The injured worker's treatment history included urine drug screen, medications, MRI, and x-rays. She was evaluated on 06/16/2014, which the injured worker complained of neck pain, mid-back pain, low back pain, bilateral arm pain, and bilateral leg pain. Physical examination of the cervical and upper extremities revealed right tenderness of splenius cervical, spinous processes at C4-6. Range of motion: flexion was 40 degrees, right/left lateral bending was 40 degrees, right/left rotation was 60 degrees, and extension was 45 degrees. Physical examination of the thoracic/lumbar and lower extremities revealed tenderness and guarding on the right longissimus, spinous processes at L5-S1. Range of motion: flexion was 40 degrees, right/left bending was 30 degrees, and extension was 15 degrees. Lasegue's test was positive on the right. Spinous processes were noted at T6-8. Range of motion of the thoracic, right/left rotation was 15 degrees, flexion was 35 degrees, and extension was 0 degrees. Medications included Norco, Motrin, Prilosec, Neurontin, Flur-diclo compound cream, and Soma. Diagnoses included cervical sprain/strain, thoracic sprain/strain, lumbar degenerative disc disease, lumbar strain/sprain, left shoulder impingement syndrome, right shoulder impingement syndrome, left lateral epicondylitis, left carpal tunnel release, left de Quervain's disease, right carpal tunnel syndrome, and right de Quervain's disease. The Request for Authorization or rationale was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial branch blocks at L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines)/TWC(treatment in workers compensation).

**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 medial branch blocks (therapeutic injections).

**Decision rationale:** The requested service is not medically necessary. According to the California MTUS/ACOEM Guidelines, invasive techniques have no proven benefit in treating acute low back symptoms. More specifically, the Official Disability Guidelines (ODG) recommends documented conservative care including home exercise, physical therapy and medications, prior to procedure for 4-6 weeks. Furthermore, the guidelines indicate using a log to record activity to support subjective finding for medication use. The log should include the maximum pain relief, maximum pain duration and better pain control using the Visual Analog Scale (VAS) pain scale. The documentation provided on 06/16/2014, had lack of evidence of conservative care such pain management , physical therapy and the outcome the home exercise regimen. As such, the request for the bilateral L5- S1 median nerve block is not medically necessary.