

<b>Case Number:</b>	CM14-0215523		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	03/02/2011
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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: Arizona, Texas  
 Certification(s)/Specialty: Internal Medicine

### 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 55 year old woman with a work related injury dated 3/2/11 resulting in chronic knee and low back pain. The patient was evaluated by the provider on 10/22/14. She continues to complain of low back pain despite physical therapy, previous epidural steroid injections (ESI) and oral analgesic medications. A previous MRI of the lumbar spine was reported as showing L3-4 disc extrusion. The physical exam shows muscle guarding and tenderness to palpation of the lumbar spine and bilateral tenderness of the facet joints of the lumbar spine with positive straight leg raising bilaterally. The diagnosis is unspecified enthesopathy, lumbosacral spondylosis without myelopathy and lumbar facet syndrome. The provider documented the plan of care was to include low volume medial branch anesthetic nerve block without steroid at L4-5 and L5-S1. Under consideration is the medical necessity of low volume medial branch anesthetic nerve block without steroid at L4-5 which was modified during utilization review dated 11/25/14. The request for treatment included the facet injection at L4-5 only.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial branch anesthetic nerve block at L-L5:** 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  
Page(s): 300.

**Decision rationale:** According to the ACOEM chapter on low back, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. In this case the patient has chronic low back pain. She is not considered in a transitional phase between acute and chronic pain and the literature doesn't support the efficacy of the requested medical procedure.