

<b>Case Number:</b>	CM15-0010802		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	12/11/2007
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 female, who sustained an industrial injury on December 11, 2007. She has reported back and neck injuries. The diagnoses have included myalgia, myositis, lumbar disc displacement, lumbosacral and cervical spondylosis without myelopathy, cervical disc displacement. Treatment to date has included pain medications, physical therapy, trigger point steroid injections, medial branch blocks and regular follow up. Currently, the injured worker complains of lower back pain along with whole body pain and multiple joint pains. The physician documented that main pain generators were the neck and lower back. Range of motion was reported to be limited by pain. Pain was rated a nine to ten on a scale of ten. Pain worsens with movement, and is relieved with rest. Pain was documented to interfere with performance of activities of daily living and decreasing the work's quality of life. On December 29, 2014, the Utilization Review decision non-certified a request for outpatient bilateral L2 and L3 medial branch block, noting the request was for a therapeutic injection and this is not recommended by the guidelines. The MTUS and the ACOEM Guidelines. On January 20, 2015, the injured worker submitted an application for IMR for review of outpatient bilateral l2 and L3 medial branch block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Bilateral L2 and L3 medial branch block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic)

**Decision rationale:** The injured worker sustained a work related injury on December 11, 2007. The medical records provided indicate the diagnosis of myalgia, myositis, lumbar disc displacement, lumbosacral and cervical spondylosis without myelopathy, cervical disc displacement. Treatment to date has included pain medications, physical therapy, trigger point steroid injections. Currently, the injured worker complains of lower back pain along with whole body pain and multiple joint pains. The medical records provided for review do not indicate a medical necessity for Outpatient Bilateral L2 and L3 medial branch block. Both the MTUS and the Official Disability Guidelines recommend against therapeutic Facet joint injection (medial branch block).