

<b>Case Number:</b>	CM15-0011534		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 51 year old female who sustained a work related injury on 07/24/13. She reports lumbar pain at a level of 6/10 with numbness on the left side and pain radiating down the leg. Diagnoses include lumbar spondylosis, degenerative lumbar disc disease, and lumbar radiculopathy. Treatments to date include medications. In a progress note dated 11/14/14, the treating provider reports decreases sensation in the left L1-S2 dermatones. On 12/15/14, Utilization Review non-certified the request for bilateral L3, L4, and L5 medial branch blocks citing ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3,4,5 Medial branch block #2 Injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2014

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint intra-articular injections (therapeutic blocks) Up to Date, Subacute and chronic low back pain: Nonsurgical interventional treatment

**Decision rationale:** MTUS is silent regarding medial branch therapeutic blocks. ODG: recommends Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. The medical records do not meet the above guidelines with the documented radicular symptoms. ACOEM does not recommend Diagnostic Blocks. Similarly, Up to Date states Facet joint injection and medial branch block Glucocorticoid injections into the facet joint have not been shown to be effective in the treatment of low back pain. A 2009 American Pain Society guideline recommends against their use. As such, the request for Bilateral L3, L4 and L5 lumbar medial branch block is not medically necessary at this time.