

<b>Case Number:</b>	CM15-0018037		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 39 year old male, who sustained an industrial injury on 5/9/13. He has reported low back injury. The diagnoses have included lumbago, myalgia and myositis and depressive disorder. Treatment to date has included facet point injections and anti-inflammatory medications. Currently, the injured worker complains of aching, burning and sharp low back pain with poor sleep quality. Physical exam dated 1/25/15 revealed restricted lumbar range of motion, limited by pain, tenderness to paravertebral muscles, tenderness on left side and tenderness of spinous process noted at L1-L2. On 1/21/15 Utilization Review non-certified right L2-3, L3-5 and L4-5 median branch block, noting there was no documented paravertebral muscle tenderness on the right and the number of lumbar levels for median branch block exceeds guideline recommendations. The MTUS, ACOEM Guidelines, was cited. On 1/30/15, the injured worker submitted an application for IMR for review of right L2-3, L3-5 and L4-5 median branch block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L2-3 L3-4 L4-5 Median Branch Block:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 300, 309.

**Decision rationale:** ACOEM Medical Practice Guidelines, 2nd edition, 2004 have a general recommendation regarding spine injections that on page 300 of ACOEM Chapter 12. The following is an excerpt regarding injections in general: 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 the case of this worker, the date of injury was remote in 2013, and there is no evidence of the patient being at the transition of acute and chronic pain. Therefore, this request is not medically necessary.