

<b>Case Number:</b>	CM15-0114426		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	12/12/2009
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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

### 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 49 year old female, who sustained an industrial injury on 12/12/2009. Diagnoses include lumbar radiculopathy, lumbar facet arthropathy and low back pain. Treatment to date has included medications including anti-inflammatory medications, physical therapy, chiropractic care and home exercise/ stretching. Per the Primary Treating Physician's Progress Report dated 6/01/2015, the injured worker reported pain radiating down her legs that extends to her lower back. The pain is mildly responsive to medications. Physical examination revealed limited lumbar range of motion with pain upon extension. There was tenderness along the spinous process and facets. Sensory and motor functions tested in the lower extremities demonstrate diminished sensation along the S1 distribution bilaterally. Straight leg raise was positive in the seated and supine positions. The plan of care included injections and authorization was requested on 6/05/2015 for bilateral medial branch block L3, L4, L5 and lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral MBB L3-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Disorders, Physical Methods, Medial Branch Blocks/ Facet Injections, page 300. Decision based on Non-MTUS Citation ODG, Low Back, Medial Branch Blocks/ Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418.

**Decision rationale:** Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one therapeutic intra-articular block is suggested and with positive significant relief for a duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Facet blocks are not recommended without defined imaging or clinical correlation, not identified here. There is no report of acute flare-up or change for this chronic injury of 2009. Additionally, facet injections/blocks are not recommended in patient who may exhibit radicular symptoms with identified diminished sensation and motor functions, and performed over 2 joint levels concurrently (L3, L4, L5). Records have not specified failed conservative treatment trials as an approach towards a functional restoration process for this chronic injury. Submitted reports have not demonstrated support outside guidelines criteria. The Bilateral MBB L3-5 is not medically necessary and appropriate.

**Lumbar ESI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

**Decision rationale:** The request for lumbar ESI has no specified level or laterality. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any specific neurological deficits or remarkable diagnostics to support the epidural injections. There is no report of acute new injury, flare-up, progressive neurological deficit, or red-flag conditions to support for pain procedure. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. Criteria for the epidurals have not been met or established. The Lumbar ESI is not medically necessary and appropriate.