

<b>Case Number:</b>	CM15-0116242		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	11/04/2011
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Massachusetts

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 65 year old female, who sustained an industrial injury on November 4, 2011. She reported a fall onto her right side striking her right hip and shoulder. She reported pain, which radiated through the bilateral hips and her shoulder. Treatment to date has included physical therapy, chiropractic therapy, acupuncture, TENS unit, epidural steroid injection, and medications. Currently, the injured worker complains of low back pain which she describes as constant, sharp, dull, achy and burning. The pain is worsened with walking greater than three minutes, with prolonged sitting and with lying down. She reports left lateral thigh pain which is constant and worsened with movement and ambulation. Her right shoulder pain is constant, achy, sharp and with a pressure sensation. The right shoulder pain is worsened with lifting and relieved with medication and heat. On physical examination, the injured worker has tenderness to palpation over the left quadriceps, adductors, gluteal muscles, and the right adductors. She has tenderness to palpation over left lower facet joints and her lumbar range of motion is limited with pain. The diagnoses associated with the request include lumbar spondylosis, trochanter bursitis, myofascial pain syndrome, hip/thigh sprain and lumbar sprain/strain. The treatment plan includes lumbar medial branch block, left sacroiliac joint injection, physical therapy and cognitive behavioral therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Medial Branch Blocks of the left lower facet joint L4-L5, L5-S1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

**Decision rationale:** The claimant sustained a work-related injury in November 2011 and continues to be treated for chronic low back pain. When seen, pain was rated at 4/10. There was facet tenderness with positive facet loading on the left side. Prior treatments have included physical therapy, medications, TENS, and a lumbar epidural steroid injection. Lower left lumbar medial branch blocks were requested. Criteria for the use of diagnostic blocks for facet-mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has axial low back pain with positive facet loading and facet joint tenderness and has undergone extensive prior conservative treatment. The criteria are met and the requested lumbar medial branch block procedure is medically necessary.