

<b>Case Number:</b>	CM15-0117582		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	05/29/2011
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Emergency 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:

This is a 56 year old female with a May 29, 2011 date of injury. A progress note dated May 12, 2015 documents subjective complaints (back pain rated at a level of 2-3/10; pain shoots down legs; worsened pain with movement; back stiffness, radicular pain in both legs, and weakness in both legs; left shoulder pain rated at a level of 4/10), objective findings (decreased rotator cuff and supraspinatus strength; tenderness at the acromioclavicular joint; decreased and painful range of motion of the bilateral shoulders; pain to palpation over the C2 to C3, C4 to C5, and C5 to C6 facet capsules bilaterally; secondary myofascial pain with triggering and ropey fibrotic banding; positive Spurling's maneuver bilaterally; positive maximal foraminal compression testing bilaterally; pain with valsalva; pain to palpation over the L4 to L5 and L5 to S1 facet capsules bilaterally; pain with rotational extension; myofascial pain with triggering and ropey fibrotic banding on the left that has worsened), and current diagnoses (disc injury of the lumbar spine with weakness of the left lower extremity; shoulder injury; lumbosacral post traumatic disc bulge with sacroiliac nerve root impingement and left foraminal narrowing). Treatments to date have included medications, imaging studies, epidural steroid injection, chiropractic treatments, acupuncture, and physical therapy. The treating physician documented a plan of care that included diagnostic medial branch blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Diagnostic Medial Branch Blocks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Edition 2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper Back (Acute & Chronic), Facet joint diagnostic blocks (injections).

**Decision rationale:** The requested Diagnostic Medial Branch Blocks is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Neck and upper Back (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with neck-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." The treating physician has documented subjective complaints (back pain rated at a level of 2-3/10; pain shoots down legs; worsened pain with movement; back stiffness, radicular pain in both legs, and weakness in both legs; left shoulder pain rated at a level of 4/10), objective findings (decreased rotator cuff and supraspinatus strength; tenderness at the acromioclavicular joint; decreased and painful range of motion of the bilateral shoulders; pain to palpation over the C2 to C3, C4 to C5, and C5 to C6 facet capsules bilaterally; secondary myofascial pain with triggering and ropey fibrotic banding; positive Spurling's maneuver bilaterally; positive maximal foraminal compression testing bilaterally; pain with valsalva; pain to palpation over the L4 to L5 and L5 to S1 facet capsules bilaterally; pain with rotational extension; myofascial pain with triggering and ropey fibrotic banding on the left that has worsened), and current diagnoses (disc injury of the lumbar spine with weakness of the left lower extremity; shoulder injury; lumbosacral post traumatic disc bulge with sacroiliac nerve root impingement and left foraminal narrowing). The treating physician has well documented evidence of radiculopathy, which is a negative criteria for medial branch blocks. The criteria noted above not having been met, Diagnostic Medial Branch Blocks is not medically necessary.