

<b>Case Number:</b>	CM15-0119856		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	11/15/2013
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Preventive Medicine, Occupational 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 45 year old male sustained an industrial injury to the low back on 11/15/13. Electromyography / nerve conduction velocity test (6/11/15) of bilateral lower extremities was normal. Previous treatment included physical therapy, acupuncture, one epidural steroid injection and medications. In a PR-2 dated 5/13/15, complained of a four to five day history of increased left leg pain associated with numbness and tingling. The injured worker also complained of low back pain rated 6-9/10. Physical exam was remarkable for lumbar spine tenderness to palpation in the lumbar spine paraspinal muscle spasms and decreased range of motion, positive left straight leg raise and positive left sciatic nerve compression. Current diagnoses included left L4-5 and L5-S1 disc herniation with radiculopathy. The treatment plan included bilateral lumbar L4-S1 (sacroiliac) Median Branch Nerve Block and medications (Norco, Cyclobenzaprine, Neurontin and topical compound cream).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Lumbar L4-S1 (sacroiliac) Median Branch Nerve Block: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Diagnostic Blocks (Injections) Section.

**Decision rationale:** Per the MTUS Guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. This request is for diagnostic blocks which are not addressed by the MTUS Guidelines. The ODG recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The clinical presentation should be consistent with facet joint pain, signs and symptoms. The procedure should be limited to patients with low-back pain that is non-radicular and no more than two levels bilaterally. There should be documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDs for at least 4-6 weeks prior to the procedure. No more than two facet joint levels should be injected in one session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or in patients who have had a previous fusion procedure at the planned injection level. In this case, it is documented that the injured worker has pain that is radicular in nature, therefore, the request for bilateral lumbar L4-S1 (sacroiliac) median branch nerve block is determined to not be medically necessary.