

<b>Case Number:</b>	CM15-0122038		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	11/13/2000
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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 45-year-old female, who sustained an industrial injury on 11/13/00. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar spondylosis. Treatment to date has included status post removal of internal fixation with lumbar spine pedicle screw fixation L4-S1 bilaterally (11/27/13); bilateral lumbar L3, L4, L5 medial branch block #1 (6/2/15); physical therapy; medications. Currently, the PR-2 notes dated 6/10/15 indicated the injured worker complains of pain rated at 8.5/10; needs medications refills; lower back pain and states since her procedure (6/2/15) she has had a headache and now her left side of her body has been numb. She complains of low back pain described as sharp, burning, spasm, shock-like sensation, radiates to the bilateral legs rated at 8/10 on average with pain medications and 10/10 without medications. It is improved with heat and ice; other treatments have included epidural steroid injections and trigger point injections. She has tried physical therapy and NSAIDS. The provider notes her last urine drug screening was appropriate. The provider documents a physical examination and notes there is no tenderness to palpation over the bilateral lumbar paraspinals or bilateral thoracic paraspinals or bilateral SI joints. There is tenderness over the lumbar facet joints. The provider submitted documentation/procedure report of a bilateral lumbar L3, L4, L5 medial branch block #1 (6/2/15). The provider's treatment plan included bilateral lumbar L3,L4, L5 medial branch blocks #2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral lumbar 3, 4, 5 medial branch blocks #2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back; facet joint injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

**Decision rationale:** Regarding the request for medial branch blocks, CA MTUS and ACOEM cite that invasive techniques are of questionable merit. ODG supports the use of medial branch blocks for the diagnosis of facet-mediated pain, but cites that a second block does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself. Within the documentation available for review, it appears that the patient previously underwent medial branch blocks and no clear rationale has been presented for a second block despite the recommendations of the guidelines as outlined above. In the absence of clarity regarding the above issues, the currently requested medial branch blocks are not medically necessary.