

<b>Case Number:</b>	CM15-0129886		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	01/24/2014
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 (IW) is a 53 year old male who sustained an industrial injury on 01/24/2014. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having: Sprain lumbar region. Lumbago. Chronic pain syndrome. Lumbar disc displacement. Lumbar/lumbosacral disc degeneration. Lumbosacral spondylosis' spinal stenosis - lumbar. Lumbosacral neuritis not otherwise specified. Disc displacement not otherwise specified. Hypertension, not otherwise specified. Tobacco use disorder. Treatment to date has included pain medications, blocks, MRI, physical therapy, and a pain management evaluation. Currently, the injured worker complains of low back pain without pain in his legs. He does have radiation of the pain to both of his buttocks. He states the symptoms increase with prolonged sitting or walking. The worker relates that in an April evaluation by a pain management specialist, bilateral medial branch blocks to denervate L4, L5, and S1 were recommended. On examination, there is decreased range of motion and moderate tenderness over the lower lumbar spinous process near the lumbosacral junction and in another spot in the lumbar levels. There is mild tenderness in the paraspinal muscles, and slight tenderness at the sacroiliac joints. There is no tenderness over the sciatic nerves. He is taking no pain medications. A request for authorization was made for the following: 1. Referral / consultation with a pain management specialist. 2. Medial branch blocks to denervate the bilateral L4, L5 and S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral / consultation with a pain management specialist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

**Decision rationale:** Per the ACOEM :The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for: 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing complaints of ongoing pain that have failed treatment by the primary treating physician. Therefore, criteria for a pain management consult have been met and the request is medically necessary.

**Medial branch blocks to denervate the bilateral L4, L5 and S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medial branch blocks.

**Decision rationale:** The ACOEM states: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per the ODG, facet joint injections are under study. Current evidence is conflicting as to this procedure and at this time, no more than one therapeutic intra-articular block is suggested. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are currently not recommended as a treatment modality in most evidence based reviews, as their benefit remains controversial. Criteria for use of diagnostic blocks for facet nerve pain: 1. One set of diagnostic medial branch blocks is required with a response of 70%. 2. Limited to non-radicular cervical pain and no more than 2 levels bilaterally. 3. Documentation of failure of conservative therapy. 4. No more than 2 joint levels are injected in 1 session. 5. Diagnostic facet blocks should be performed in patients whom a surgical procedure is anticipated. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. Criteria have not been met in the provided clinical documentation and the request is not medically necessary.

