

<b>Case Number:</b>	CM15-0176225		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	11/20/2007
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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 65 year old male injured worker suffered an industrial injury on 11-20-2007. The diagnoses included lumbar spondylosis, chronic pain syndrome and myofascial pain. On 8-14-2015, the treating provider reported diffuse neck pain, left shoulder pain, low back pain and right lower extremity pain. He reported that he still had pain but the pain was appreciably lessened by the current treatment regime. He stated the transforaminal epidural steroid injections had given 70% relief for 4 months and now his pain was returning and was requesting a repeat injection. The injured worker reported it allowed him to take less medication. The provider noted the consultant Provider recommended a repeat transforaminal epidural steroid injection and also facet injections to the lumbar area. On exam, the straight leg raise reproduced the radicular symptoms. There was soft tissue dysfunctions and spasm in the lumbar region. Prior treatment included Gabapentin and Naproxen and 3-3-2015 right lumbosacral transforaminal epidural steroid injection. The Utilization Review on 8-27-2015 determined non-certification for Lumbar Medial Branch block at right L4-5 and L5-S1 times 2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Medial Branch block at right L4-5 and L5-S1 times 2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter.

**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 injury in November 2007 when he fell to the floor from a rolling chair. He continues to be treated for left shoulder, neck, low back, and right lower extremity pain. When seen, he had a chief complaint of diffuse neck, left shoulder pain, low back and right lower extremity pain. Physical examination findings included a body mass index over 29. There was soft tissue dysfunction with spasms in the cervical paraspinal, upper extremity, and lumbar paraspinal regions. Lateral rotation and extension of the lumbar spine produced concordant pain. Straight leg raising reproduced the claimant's radicular symptoms. Authorization was requested for a transforaminal epidural steroid procedure as well as a two level lumbar medial branch block procedure. 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 right lower extremity radicular pain with positive straight leg raising. A lumbar epidural steroid injection procedure is also being requested. Right lateralized physical examination findings are not recorded. The request for a lumbar medial branch block procedure is not considered medically necessary.