

<b>Case Number:</b>	CM15-0177619		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	01/31/2007
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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 is a 32-year-old male who sustained an industrial injury on January 31, 2007. Diagnoses have included lumbar degenerative disc disease, lumbosacral or thoracic neuritis, and myofascial pain. Documented treatment includes Medications reported June 19, 2015 to improve activities of daily living by 50 percent. Medications noted have included Norco, and requests have been made for Gabapentin and cyclobenzaprine. Other treatments are not discussed in provided documentation. The injured worker continues to present with low back pain with "constant" radiation to the lower extremities rated 6-7 out of 10 at his June 19, 2015 visit. He also reports radiating numbness, cramping and tingling. Physician notes abnormal gait, and tenderness was noted at L3-S1. The physician states July 31, 2015 that it has been "several years since his last MRI." The treating physician's plan of care includes diagnostic medial branch blocks for L3-5. This was denied on August 7, 2015. The injured worker has not been working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic Medial Branch Blocks (MBBs), Lumbar L3-L5:** 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, Lumbar & Thoracic (Acute & Chronic) - Diagnostic blocks for facet/medicated pain.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

**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. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. Criteria have not been met in the provided clinical documentation as the patient does have radicular pain symptoms and no facet tenderness at selected levels. Therefore, the request is not medically necessary.