

<b>Case Number:</b>	CM15-0070936		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	08/10/2010
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Texas, California  
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:

This is a 32-year-old male patient who sustained an industrial injury on 8/10/10. The diagnoses include back pain, chronic pain syndrome and pain in joint involving ankle and foot. He sustained the injury due to crushing injury. Per the doctor's note dated 4/22/15, he had complaints of back pain, leg pain and left ankle pain. The physical examination revealed tenderness and limited range of motion of the lumbar spine and positive facet palpation. The medications list includes cymbalta, ambien, gabapentin, hydrocodone, butrans patch and topical cream. He has had lumbar MRI dated 5/30/2012, which revealed disc degeneration at L5-S1 and facet arthrosis in lower lumbar segments. He has had epidural steroid injection, physical therapy, acupuncture treatment and transcutaneous electrical nerve stimulation unit for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL L3, L4, L5 MEDIAL BRANCH BLOCK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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)

Chapter: Low Back (updated 04/29/15)Facet joint medial branch blocks (therapeutic injections)Facet joint injections, lumbarFacet joint intra-articular injections (therapeutic blocks).

**Decision rationale:** Request: BILATERAL L3, L4, L5 MEDIAL BRANCH BLOCK. Per the cited guidelines, "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit." Per the ODG low back guidelines Facet joint medial branch blocks (therapeutic injections) are "Not recommended except as a diagnostic tool. Minimal evidence for treatment." Per the cited guidelines, facet joint intra articular injections are "Under study". There is no high-grade scientific evidence to support medial branch block for this patient. In addition, regarding facet joint injections, ODG states, "There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy." There is no documented evidence of a formal plan of additional evidence-based activity and exercise in addition to median branch block. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. BILATERAL L3, L4, L5 MEDIAL BRANCH BLOCK is not medically necessary for this patient at this juncture.