

<b>Case Number:</b>	CM15-0075288		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	08/22/2004
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 66 year old female, who sustained an industrial injury on August 22, 2004. She reported mid and low back pain, left hip pain and left lower extremity pain and weakness. The injured worker was diagnosed as having somatic dysfunction of the lumbar region, lumbosacral spondylosis without myelopathy, cervical disc displacement without myelopathy, lumbar herniated disc, cervical disc degeneration and lumbar radiculopathy. Treatment to date has included diagnostic studies, radiographic imaging, multiple pain injections to the cervical and lumbar spine, medial branch block, chiropractic care, medications and work restrictions. Currently, the injured worker complains of continued back, left hip and left lower extremity pain and weakness. The injured worker reported an industrial injury in 2004, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on November 7, 2014, revealed continued pain as noted. She reported good relief with previous steroid injections and medial branch blocks. Medial branch blocks of the lumbar and sacral spine were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L5 medial branch block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar and Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** This 66 year old female has complained of low back pain since date of injury 8/22/04. She has been treated with injections, physical therapy and medications. The current request is for bilateral L5 medial branch block. Per the MTUS citation listed above, invasive techniques in the treatment of back pain, to include local injections and facet joint injections of cortisone, lidocaine or both medications are of questionable benefit and offer no significant long term functional benefit. On the basis of this MTUS guidelines, bilateral L5 medial branch block is not indicated as medically necessary.

**Bilateral S1 medial branch block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar and Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** This 66 year old female has complained of low back pain since date of injury 8/22/04. She has been treated with injections, physical therapy and medications. The current request is for bilateral S1 medial branch block. Per the MTUS citation listed above, invasive techniques in the treatment of back pain, to include local injections and facet joint injections of cortisone, lidocaine or both medications are of questionable benefit and offer no significant long term functional benefit. On the basis of the basis of the MTUS guidelines bilateral S1 medial branch block is not indicated as medically necessary.

**Bilateral S2 medial branch block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar and Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** This 66 year old female has complained of low back pain since date of injury 8/22/04. She has been treated with injections, physical therapy and medications. The current request is for bilateral S2 medial branch block. Per the MTUS citation listed above, invasive techniques in the treatment of back pain, to include local injections and facet joint injections of cortisone, lidocaine or both medications are of questionable benefit and offer no

significant long term functional benefit. On the basis of this MTUS guideline, bilateral S2 medial branch block is not indicated as medically necessary.