

<b>Case Number:</b>	CM14-0143543		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/07/2000
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 123 pages provided for review. There was a utilization review done on August 6, 2014. The request for the medial branch blocks bilaterally were non certified. The application for independent medical review was signed on September 3, 2014. It was for the medical branch blocks of bilateral S1-2, and S2-3. Per the records provided, the patient is a 53-year-old man with injury to the neck and low back about 14 years ago. As of April 29, there were complaints of pain in the low back with radiation into both legs. The pain level fluctuates depending on activity. There is numbness and weakness into the left leg. Following injection, the patient notes he did well but when he went back to work his pain returned to the original level. Pinprick testing was slightly decreased at the left L5. Sensation was decreased in the bilateral L4-L5 distribution. A May 27, 2014 report also mentions low back pain. Medicines were Lidoderm patch, Norco, Flexeril, oxycodone. On exam there was lumbar spine spasm. There is no mention of facet signs. Radiculopathy is noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial Branch Blocks at bilateral S1-2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Integrated Treatment/Disability Duration Guidelines Low Back-Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

**Decision rationale:** Injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies. Steroids can weaken tissues and predispose to reinjury. Local anesthetics can mask symptoms and inhibit long-term solutions to the patient's problem. Both corticosteroids and local anesthetics have risks associated with intramuscular or intraarticular administration, including infection and unintended damage to neurovascular structures. Injections of opioids are never indicated except for conditions involving acute, severe trauma. In this case, there are signs of radiculopathy, which Medial Facet Blocks simply would not benefit. The request is not medically necessary.

**Medial Branch Blocks at bilateral S2-3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Integrated Treatment/Disability Duration Guidelines Low Back-Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

**Decision rationale:** As shared previously, injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies. Steroids can weaken tissues and predispose to reinjury. Local anesthetics can mask symptoms and inhibit long-term solutions to the patient's problem. Both corticosteroids and local anesthetics have risks associated with intramuscular or intraarticular administration, including infection and unintended damage to neurovascular structures. Injections of opioids are never indicated except for conditions involving acute, severe trauma. In this case, there are signs of radiculopathy, which Medial Facet Blocks simply would not benefit. The request is not medically necessary.