

<b>Case Number:</b>	CM13-0014315		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	12/30/2002
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Acupuncture and Pain 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 physician 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:

The injured worker is a 64 year old male with date of injury of December 30, 2002 who complains of low back pain which radiates into the right thigh and calf causing numbness and tingling in his toes. The injured worker is diagnosed with axial low back pain, lumbar facet pain at the L4 and L5 levels, and lumbar spondylosis without myelopathy. An MRI of the lumbar spine on September 13, 2010 shows minimal broad-based disc bulge at L5-S1. The L4-5 shows a small to moderately sized broad-based disc bulge, neural foramen is narrowed bilaterally. The L2-3 shows small broad-based disc bulge, neural foramen is narrowed bilaterally. On May 1, 2013 an electrodiagnostic study showed evidence of L5 radiculopathy. The injured worker was refractory to medications, and had a lumbar medial branch block performed in the past which decreased his pain by 50-60% for greater than five months. The injured worker's last injection was 14-15 months ago. The date of UR decision was August 8, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for a Medial Branch Block at the L4-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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet Mediated Pain, Facet Blocks.

**Decision rationale:** The UR physician stated that the California MTUS does not comment on this issue, and cited ODG guidelines, which is correct with respect to criteria to perform medial branch blocks. The ODG states "Limited to low-back pain that is non-radicular." The injured worker's May 1, 2013 nerve conduction and electromyogram (EMG) report document left L5 radiculopathy. On July 29, 2013 the provider corroborated the finding of radicular pain when he/she stated the pain radiates from back into calves and causes numbness and tingling into toes. Therefore the request is not medically necessary.