

<b>Case Number:</b>	CM13-0014415		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/15/2008
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### 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 Emergency Medicine and is licensed to practice in New York. 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:

The patient is a 54-year-old male who was injured on April 15, 2008. The patient continued to experience low back pain. Physical examination was notable for tenderness across the lumbosacral area, negative straight leg raise, grossly normal sensation, and normal motor function. Diagnoses included lumbar facet osteoarthritis, lumbar degenerative disc disease, lumbar radiculopathy, and lumbar sprain/strain. The patient received epidural steroid injection on May 2, 2013 with relief of pain in his leg. Treatment included medications and epidural steroid injection. Request for authorization for bilateral L4-5 and L5-S1 lumbar facet medial branch block was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OUTPATIENT BILATERAL L4-L5 AND L5-S1 LUMBAR FACET MEDICAL BRANCH BLOCK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar and Thoracic.

**Decision rationale:** Facet joint diagnostic blocks are recommended prior to facet neurotomy (a procedure that is considered "under study"). Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). There must be documentation of failure of conservative treatment (including home exercise, physical therapy and NSAIDs) prior to the procedure for at least 4-6 weeks. In this case, there is no documentation that conservative measures have been tried and failed. Therefore, the request is not medically necessary and appropriate.