

<b>Case Number:</b>	CM13-0019320		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/03/1995
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 Orthopedic Surgery 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:

Claimant with industrial injury 12/3/95. Status post left L5/S1 hemi-laminectomy. MRI lumbar spine 7/16/13 demonstrates multilevel degenerative changes of the lumbar spine with mild annular disc bulges T12-L1 to L5-S1. Exam note 7/23/13 demonstrates report of worsening back complaints as a result of compensatory imbalanced gait. Examination demonstrates decreased sensation along the left lateral lower leg compared to right. Request for bilateral L4/5 medial branch block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CONSULTATION AND BILATERAL L4-5 MEDIAL BRANCH BLOCK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter, Medial branch blocks (MBBs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet Blocks.

**Decision rationale:** In this clinical scenario the patient has evidence of lumbar radiculopathy which is a contraindication to facet blocks per the guidelines. Therefore the determination is for non-certification as it is not medically necessary. There is insufficient evidence of prior response

to facet blocks to warrant further blocks. In addition there is no documentation of failure of conservative care 4-6 weeks prior to the proposed block to warrant the procedure. Therefore the determination is for non-certification.