

<b>Case Number:</b>	CM13-0023643		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	01/08/2010
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 Physical Medicine and Rehabilitation 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.

### 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 underlying date of injury in this case is 01/08/2010. The treating diagnosis is 721. This patient has reported low back pain radiating to both lower extremities with a throbbing feeling. The patient was seen on 08/29/2013 and was noted to have tenderness of the lateral iliac crest and sciatic notch with paraspinal tenderness at L5 bilaterally. The treating physician noted that an MRI demonstrated lumbar facet arthropathy. Treatment recommendations included a diagnostic lumbar medial branch block bilaterally at L3-4, L4-L5, and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3-L4, L4-L5, L5-S1 lumbar medial branch block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment section

**Decision rationale:** ACOEM guidelines, chapter 12 (low back), page 300, states, "Invasive techniques, i.e., local injections and facet joint injections of a corticosteroid and lidocaine are of questionable merit." The guidelines, therefore, do not clearly support diagnostic facet blocks or media branch blocks. Additionally, Official Disability Guidelines/Treatment and Worker's Compensation/Low Back does not support medial branch blocks for radicular pain or at more than 2 levels. Overall, the clinical presentation is not consistent with probable localized facet-mediated pain. This request is not medically necessary.

