

<b>Case Number:</b>	CM13-0024297		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/14/2012
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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 & 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. 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:

According to the records made available for review, this is a 25-year-old female with a 10/14/12 date of injury. At the time of request for authorization for diagnostic bilateral L3, L4, L5 left Medial Branch Block, there is documentation of subjective (persistent lower back pain radiating into the right buttock and to the posterior thigh to the back of the right knee with tingling to the bottom of the right foot) and objective (limited lumbar range of motion, positive straight leg raise on the right, 4/5 strength with right knee flexion and extension, plantar flexion and dorsiflexion, and diminished knee and ankle reflexes) findings, imaging findings (MRI of the lumbar spine (12/4/12) report revealed a disc desiccation which mildly contacts both traversing L5 nerve roots, minimal central stenosis, and no foraminal narrowing at L4-5; and disc desiccation with minimal posterior disc bulge and no stenosis at L5-S1), current diagnoses (L4-5 broad based disc protrusion with mild central stenosis with bilateral L5 nerve root compression and L5-S1 disc desiccation with posterior disc bulge), and treatment to date (medications, exercise, and physical therapy). 7/24/13 medical report plan indicates diagnostic bilateral L3, L4, L5 medial branch block to determine the main pain generator. There is no documentation of pain that is non-radicular, at no more than two levels bilaterally, and no more than 2 joint levels to be injected in one session.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic bilateral L3, L4, L5 left Medial Branch Block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Low Back-Lumbar & Thoracic

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Medial branch blocks

**Decision rationale:** The Physician Reviewer's decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of diagnoses of c L4-5 broad based disc protrusion with mild central stenosis with bilateral L5 nerve root compression and L5-S1 disc desiccation with posterior disc bulge. In addition, there is documentation of low back pain and failure of conservative treatment (home exercise, physical modalities, and medications). However, given documentation of subjective findings (persistent lower back pain radiating into the right buttock and to the posterior thigh to the back of the right knee with tingling to the bottom of the right foot) and objective findings (4/5 strength with right knee flexion and extension, plantar flexion and dorsiflexion, and diminished knee and ankle reflexes), there is no documentation of pain that is non-radicular. In addition, given documentation of medial branch block at diagnostic bilateral L3, L4, L5 left Medial Branch Block, there is no documentation of pain at no more than two levels bilaterally and no more than 2 joint levels to be injected in one session. Therefore, based on guidelines and a review of the evidence, the request for diagnostic bilateral L3, L4, and L5 left Medial Branch Block is not medically necessary.