

<b>Case Number:</b>	CM13-0027361		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	07/25/2000
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois, Indiana, & Texas. 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 patient is a 63-year-old female who reported an injury on 07/25/2000. The mechanism of injury was not provided for review. The patient's most recent clinical examination revealed tenderness upon palpation of the lumbar paraspinal muscles overlying the right L3 through S1 facet joints with restricted range of motion of the lumbar spine in all planes secondary to pain. It was noted that the patient's facet mediated pain and failed to respond to conservative treatments to include physical therapy, and medications. It was also noted that this diagnostic tool is being used to relieve the patient's axial back pain. The patient's diagnoses included right lumbar facet joint pain, lumbar facet joint arthropathy, degenerative disc disease, small L2-3 disc bulge, and lumbar sprain/strain. The patient's treatment plan included continuation of medications and a medial branch block at the L4-5 and right L5-S1

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopically guided diagnostic right L4-5 and right L5-S1 medial branch block:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**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 Chapter; Facet joint medial branch blocks (therapeutic injections)

**Decision rationale:** Official Disability Guidelines do not recommend the use of medial branch blocks as anything but a diagnostic tool to determine a patient's pain generator in preparation for a radiofrequency ablation. Although the patient does have facet generated pain, there is no documentation to support that this is being used as a diagnostic tool to determine the appropriateness of radiofrequency ablation. The submitted clinical documentation does not clearly identify if this is a therapeutic or diagnostic measure. As such, the requested fluoroscopically guided diagnostic right L4-5 and right L5-S1 medial branch block is not medically necessary or appropriate.