

<b>Case Number:</b>	CM13-0030362		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	12/11/2009
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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:

This patient alleges injury 12/11/2009 when pushing a lift gate while working as a warehouseman, and felt a pull in the low back and right lower extremity pain. She is on multiple pain medications, including narcotics, muscle relaxants, topical lidoderm, and an NSAID. She has been diagnosed with lumbar radiculopathy in addition to degenerative disc disease. Denied 9/4/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDIAL BRANCH BLOCK LEFT L3-L4, L4-L-5, L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM 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, Facet Joint Medial Branch Blocks; Facet Joint Diagnostic Blocks; Facet Joint Pain, Signs and Symptoms.

**Decision rationale:** Per ODG, certain criteria must be met before performing medial branch blocks (to determine utility of rhizotomy). No more than 2 facet joint levels are injected in one session. The injections are limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. This request is for three levels, and she has a diagnosis of

lumbar radiculopathy with positive straight leg raising on the right side. Hence this request is not medically necessary.