

<b>Case Number:</b>	CM13-0057810		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/22/2013
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Anesthesiology, and Pain Management, and is licensed to practice in Florida. 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 38-year-old female who reported an injury on 03/22/2013 due to a slip and fall that reportedly caused injury to the patient's low back. The patient's treatment history included medications and an epidural steroid injection in 10/2013 that provided 30% pain relief for a few days. The patient's most recent clinical evaluation documents that the patient has tenderness to palpation over the lumbar facet joints on the right side. The patient's diagnoses included lumbar radiculopathy, lumbosacral spondylosis without myelopathy, and displacement of the lumbar intervertebral disc without myelopathy. A request was made for a medial branch block to determine the appropriateness of a radiofrequency ablation for this patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic lumbar medial branch blocks of the l4-5, l5-s1 facet joints on right:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Plus, and Official Disability Guidelines (ODG) Low Back Chapter, Facet joint pain, signs & symptoms

**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 Injections (diagnostic).

**Decision rationale:** The requested diagnostic lumbar medial branch block of the L4-5, L5-S1 facet joints on the right are not medically necessary or appropriate. The Official Disability Guidelines do not recommend medial branch blocks when there is documented evidence of radiculopathy. The patient's clinical evaluation in 09/2013 documented that the patient had a positive right-sided straight leg raising test and a diagnosis of lumbar radiculopathy. The patient ultimately underwent an epidural steroid injection that did provide pain relief for a short duration of time. The patient's most recent clinical evaluation dated 11/05/2013 documents that the patient has continued radiating pain down the right lower extremity. A medial branch block would not be supported in the presence of radiculopathy. As such, the requested diagnostic lumbar medial branch block of the L4-5, L5-S1 facet joints on the right are not medically necessary or appropriate.