

<b>Case Number:</b>	CM13-0059432		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	06/18/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Orthopedic Surgery, and is licensed to practice in 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 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:

The injured worker is a 50-year-old male who sustained an injury to his low back on 07/08/10. The mechanism of injury was not documented. Physical examination noted antalgic gait; ambulation with single point cane; decreased lumbar range of motion; positive facet loading maneuvers over right L3-4, L4-5 and L5-S1; sensation intact; weakness 4/5 in the bilateral lower extremities. There was no documentation provided indicating that the injured worker has completed a regimen of physical therapy. The injured worker was diagnosed with lumbar facet arthropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR MEDIAL BRANCH BLOCK AT THE RIGHT L3-L4, L4-L5 AND L5-S1:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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:** The request for one lumbar medial branch block at right L4-5 and L5-S1 between 11/21/13 and 01/05/14 is not medically necessary. The records indicate that there was no indication that the injured worker had failed a regimen of physical therapy. The Official Disability Guidelines (ODG) states that there must be documentation of failure of conservative treatment including home exercise, physical therapy and NSAIDs prior to procedure for these 4 to 6 weeks. Given the absence of failure of conservative treatment and the clinical documentation submitted for review, medical necessity of the request for one lumbar medial branch block at right L4-5 and L5-S1 between 11/21/13 and 01/05/14 has not been established. The Lumbar Medial Branch Block is not medically necessary and appropriate.