

<b>Case Number:</b>	CM13-0060122		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/30/2011
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Neurology has a subspecialty in Fellowship Trained in Neuro-Oncology and is licensed to practice in Texas, Massachusetts and Ohio. 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 patient is a 35-year-old female who reported an injury on 06/30/2011. The patient underwent an MRI in 08/2013 that documented there was a disc bulge at the L4-5 without evidence of nerve root impingement. The patient had persistent pain complaints that failed to respond to medications, physical therapy, a TENS unit and activity modifications. The patient underwent a diagnostic medial branch block at the right L3-S1 in 10/2013 that provided 90% improvement in pain and functionality. The patient's diagnoses included lumbar muscle spasms, right piriformis syndrome, right L4 radiculopathy and right sacroiliac joint dysfunction. A request was made for a repeat medial branch block in preparation for a radiofrequency ablation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L3-S1 Medial Branch Block:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**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, Facet joint injections, multiple series.

**Decision rationale:** The requested right L3-S1 medial branch block is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient had 90% improvement in pain levels and ability to function as a result of the previous right-sided L3-S1 medial branch block. Official Disability Guidelines only require 1 set of diagnostic medial branch blocks with documented pain relief of greater than 70% that lasts for at least 6 hours and provides significant functional improvement prior to a radiofrequency ablation. Multiple facet joint blocks are not recommended. The patient did receive an adequate response to the prior medial branch blocks to support radiofrequency ablation an additional medial branch block would not be indicated. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested right L3-S1 medial branch block is not medically necessary or appropriate.