

<b>Case Number:</b>	CM13-0060928		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/28/2011
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Occupational Medicine, and is licensed to practice in California. 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 60 year old female who was injured on 08/28/2011. The mechanism of injury is unknown. Prior treatment history has included the patient is on Celebrex. Diagnostic studies reviewed include an MRI which indicates multilevel facet joint pathology with disc degenerative changes. The MRI of the lumbar spine is supporting the recommendation for lumbar facet medical branch block. PR-2 dated 10/23/2013 documented the patient to have complaints of flare up of her mid back and lower back pain over the past several weeks. As the patient does not have enough radicular pain to her legs, she does have referring pain to the left gluteal area from the back, she is well indicated to have bilateral lumbar medical branch block from L3 to L5. Objective findings on exam included examination of the lumbar spine revealing gait is normal as is appearance. There is positive tenderness in the paralumbar musculature. There is negative tenderness in the SI joints. There are negative muscle spasms in the paralumbar musculature. Motor testing is 5/5 to all muscle groups of lower extremities. Walking on tiptoes is performed without difficulty. Walking on heels is performed without difficulty. Range of motion of the lumbar spine: Forward flexion 60 degrees with pain, extension 30 degrees, lateral tilt 30 degrees, rotation left 30 degrees and rotation right 30 degrees. Examination of bilateral lower extremities reveals negative straight leg raising in the supine and sitting position bilaterally. Diagnosis: Low back pain and radiculitis of lower extremities on left. Treatment Plan: We are requesting authorization for a left medial branch block from L3 to L5. She will continue Celebrex 200 mg and follow up in one month or sooner for the injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT MEDIAL BRANCH BLOCK L3 TO L5: 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 / FACET JOINT MEDIAL BRANCH BLOCKS (THERAPEUTIC INJECTIONS).

**Decision rationale:** According to the ODG guidelines, medial branch block injections are not recommended except as a diagnostic tool. The medical records document the employee had low back pain and radiculitis of left lower extremity. The facet medial branch blocks were being recommended to "relieve the current lower back pain (therapeutic purpose)." Therefore, based on the purpose of the requested blocks (therapeutic) and the guidelines stated above, medical necessity has not been established.