

<b>Case Number:</b>	CM13-0064664		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/27/2006
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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 patient is a 45-year-old female who reported an injury on 03/27/2007. The mechanism of injury was not provided for review. The patient's treatment history included 2 left ankle surgeries, an AFO brace for the left knee, a home exercise program, medications and activity modifications. The patient underwent an electrodiagnostic study in 12/2013 that documented that the patient had evidence of chronic L5 radiculopathy to the left. The patient's most recent clinical evaluation dated 09/2013 noted that the patient had not had any prior injection therapy. Physical findings included a positive left-sided straight leg raise test with decreased motor strength of the left lower extremity. The patient's diagnoses included minimal lumbar spondylosis with left-sided foraminal stenosis causing L4 radiculopathy. The patient's treatment plan included a medial branch block at the L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A L4-L5 LEFT SIDE MEDIAL BRANCH BLOCK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8.

**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 Official Disability Guidelines recommend medial branch blocks for patients who have facet-mediated pain in the absence of radicular symptoms that have not responded to conservative treatments to establish the appropriateness of a radiofrequency ablation. The clinical documentation submitted for review does not provide any evidence that the patient's pain is facet-mediated. Additionally, the clinical documentation clearly establishes that the patient has radiculopathy, as there is a positive electrodiagnostic study and positive exam findings for left-sided radiculopathy. Additionally, the clinical documentation does not indicate that this is for a diagnostic study to determine the patient's appropriateness for a radiofrequency ablation. Therefore, the need for a left-sided medial branch block at the L4-5 is not indicated. As such, the requested L4-5 left-sided medial branch block is not medically necessary or appropriate.