

<b>Case Number:</b>	CM13-0066239		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/21/2013
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 48-year-old female who reported an injury on 06/21/2013 due to a fall. The patient reportedly sustained injury to her low back. The patient's treatment history included physical therapy, a home exercise program, and medication usage. The patient underwent a lumbar MRI in 10/2013 that documented there was marked bilateral facet degenerative changes at the L4-5 level. The patient's most recent clinical documentation documented the patient had restricted lumbar range of motion with positive facet loading bilaterally and a positive straight leg raising test. The patient had a positive Faber test and a positive pelvic compression test. The patient had decreased motor strength rated at a 5-/5 of the EHL bilaterally and knee extensors bilaterally. The patient had decreased sensation over the lateral foot with depressed ankle jerk reflexes. The patient's treatment plan included a medial branch block at the L4-5 and continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR MEDIAL BRANCH BLOCKS AT LEFT L4-5 AND SA:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 lumbar medial branch block at the L4-5 and SA is not medically necessary or appropriate. Official Disability Guidelines recommend medial branch blocks for patients with facet mediated pain that have failed to respond to conservative treatments and when there is no evidence of radicular findings. The clinical documentation submitted for review does provide evidence that the patient has an imaging study concluding that there is facet arthropathy at the L4-5 level and the patient does have a positive facet loading test bilaterally. However, the clinical documentation submitted for review also indicates that the patient has significant radicular findings. Therefore, a medial branch block would not be indicated. As such, the requested lumbar medial branch blocks at the left L4-5 and SA are not medically necessary or appropriate.