

<b>Case Number:</b>	CM14-0003364		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	05/05/2011
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Texas and Oklahoma. 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 67 year old female who reported a fall on 05/05/2011. In the clinical note dated 11/27/2013, the injured worker was in for a follow-up and stated her back pain was much better. The injured worker was status post S1 joint, piriformis, and trochanteric bursitis injections on 11/11/2013 and which she stated improved her pain by 75%, with the majority of the relief being in the buttocks and not the small of her back. The pain was described as aching and rated 3-8/10. It was documented that with activity the pain came back severely, mostly in the small of the lower back. The physical examination of the lumbar spine revealed tenderness to the paraspinous muscles and positive facet loading on the right and left. The diagnoses included right lumbar pain with radiation to the leg likely radiculopathy versus facet arthropathy versus degenerative disc disease. The treatment plan included recommendations to schedule a right L3-L5 medial branch block since relief was incomplete and missed the lower back. It was indicated if the medial branch block was effective, then consideration of a repeat procedure would be made. It was also recommended that the injured worker continue water therapy and a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE OUTPATIENT LUMBAR MEDIAL BRANCH INJECTION ON RIGHT AT THE L3-5 LEVEL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**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 Block Section.

**Decision rationale:** The request for one outpatient lumbar medial branch injection on right at the L3-L5 level is non-certified. The Official Disability Guidelines (ODG) state medial branch blocks are not recommended except as a diagnostic tool and there is minimal evidence for treatment. In the clinical note there was lack of documentation of failure of conservative treatments. The guidelines do not recommend the use of medial branch injections as a form of therapy. Additionally, there was a lack of documentation of significant findings of facetogenic pain at specific levels. Therefore, the request for one outpatient lumbar medial branch injection on the right at L3-L5 level is not medically necessary or appropriate.