

<b>Case Number:</b>	CM14-0104352		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 56-year-old male who was injured on July 3, 2013. The patient continued to experience pain in his back radiating into his legs. Physical examination was notable for tenderness to palpation to the L4-L5 and L5-S1 areas, no muscle spasm, intact sensation to the bilateral lower extremities, and normal motor strength. Diagnoses included lumbar sprain/strain and right lumbar radiculopathy. Treatment included medications, and physical therapy. Request for authorization for bilateral L3, L4, and L5 medial branch blocks was submitted for consideration

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3, L4, L5 medial branch blocks:** 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) 2014, 19th Edition, Integrated Treatment/ Disability Duration Guidelines, Low Back-Lumbar Thoracic (Acute & Chronic), Facet Joint Diagnostic blocks (injections) and Facet Joint Pain, Signs and Symptoms

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Low Back: Thoracic and Lumbar, Facet joint Mediated Blocks))>

**Decision rationale:** No more than one set of medial branch diagnostic blocks is recommended prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Medial branch blocks should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. No more than 2 facet joint levels are injected in one session. In this case the patient has pain radiating into his legs consistent with radicular pain and is diagnosed with lumbar radiculopathy. In addition the request is for injections at 3 levels. This surpasses the recommended maximum of two levels. This request is not medically necessary.