

<b>Case Number:</b>	CM14-0121878		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/02/1995
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 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:

According to the records made available for review, this is a 66-year-old male with a 11/2/95 date of injury. At the time (6/27/14) of request for authorization for Left Lumbar Medial Branch Block at L4, L5 and S1 as an Outpatient, there is documentation of subjective (pain level 3/10, pain to lumbar region which radiates down bilateral lower extremities right greater than left, described as constant pins and needles, increased with sitting, standing, walking for prolonged periods of time) and objective (reflexes in patellae 2+ bilateral, Achilles reflexes trace bilateral, quadriceps 4/5 on right, hamstring strength 4-/5 on right, gastrocnemius strength 5/5 bilaterally, tibialis anterior muscle strength 5/5, hip flexor strength 4-/5 on right and 4/5 on left, hip extensor 4-/5 on right and 4/5 on left, lumbar extension 25 degrees, flexion 90 degrees, right and left lateralization decreased at 10 degrees on right and 8 degrees on left, sacroiliac distraction test positive, positive facet provocation test on right with extension, and tenderness to palpation to the right sacroiliac joint) findings, current diagnoses (other symptoms referable to back, displacement lumbar intervertebral disc without myelopathy, lumbosacral spondylosis without myelopathy, and closed fracture of lumbar vertebra without mention of spinal cord injury), and treatment to date (medications (including Cyclobenzaprine, naproxen, omeprazole, OxyContin, and tramadol)). There is no documentation of pain that is non-radicular, at no more than two levels bilaterally, failure of additional conservative treatment, and no more than 2 joint levels to be injected in one session.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Left Lumbar Medial Branch Block at L4, L5 and S1 as an Outpatient: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-hyyps://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Medial Branch Blocks (MBBs).

**Decision rationale:** MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of diagnoses of other symptoms referable to back, displacement lumbar intervertebral disc without myelopathy, lumbosacral spondylosis without myelopathy, and closed fracture of lumbar vertebra without mention of spinal cord injury. In addition, there is documentation of low back pain and failure of conservative treatment (NSAIDs). However, given documentation of subjective findings (pain to lumbar region which radiates down bilateral lower extremities) and objective findings (Achilles reflexes trace bilateral), there is no documentation of pain that is non-radicular. In addition, given documentation of the requested Left Lumbar Medial Branch Block at L4, L5 and S1, there is no documentation of pain at no more than two levels bilaterally and no more than 2 joint levels to be injected in one session. Furthermore, there is no documentation of failure of additional conservative treatment (home exercise and physical therapy). Therefore, based on guidelines and a review of the evidence, the request for Left Lumbar Medial Branch Block at L4, L5 and S1 as an Outpatient is not medically necessary.