

<b>Case Number:</b>	CM14-0139963		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	02/27/2013
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 56-year-old female with a 2/27/13 date of injury. At the time (6/30/14) of request for authorization for One time Bilateral L3 and L4 Medial Branch Blocks, there is documentation of subjective (neck and low back pain axially radiating to mid back; and upper extremity pain with tingling/numbness/paresthesia ) and objective (paravertebral muscle spasm and localized tenderness over lumbar facet joint area at L3-4, L4-5, and L5-S1, diminished sensation to light touch along medial and lateral border of right forearm, and restricted cervical and lumbar spine range of motion) findings, current diagnoses (lumbar disc bulges at L2-3 and L3-4, lumbar facet hypertrophy at L4-5, right L5-S1 lumbar radiculopathy, cervicogenic headache, and chronic myofascial pain syndrome), and treatment to date (home exercises and medications (including ongoing treatment with Relafen, Norco, and Neurontin)). There is no documentation of pain that is non-radicular and failure of additional conservative treatment (physical therapy) prior to the procedure of at least 4-6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One time Bilateral L3 and L4 Medial Branch Blocks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back

**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 lumbar disc bulges at L2-3 and L3-4, lumbar facet hypertrophy at L4-5, right L5-S1 lumbar radiculopathy, and chronic myofascial pain syndrome. In addition, there is documentation of low-back pain at no more than two levels bilaterally, failure of conservative treatment (including home exercise 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. However, given documentation of subjective (low back pain axially radiating to mid back) findings, there is no (clear) documentation of pain that is non-radicular. In addition, there is no documentation of failure of additional conservative treatment (physical therapy) prior to the procedure of at least 4-6 weeks. Therefore, based on guidelines and a review of the evidence, the request for One time Bilateral L3 and L4 Medial Branch Blocks is not medically necessary.