

<b>Case Number:</b>	CM14-0167496		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	09/19/2006
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 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:

The patient is a 55 year old male who was injured on 09/19/2006. The mechanism of injury is unknown. The patient had a MRI of the lumbar spine on 05/29/2014 revealed facet arthropathy at L5-S1 with posterior vertebral body spondylosis. According to the UR, he was seen on 06/18/2014 with complaints of back pain and elbow pain. He had trigger points and spasm on exam. His range of motion was reduced by 25%. He was diagnosed with glaucoma, hypertension, left elbow severe degenerative disk disease, and lumbar sprain/strain. Prior utilization review dated 09/11/2014 states the request for Bilateral MBB (medial branch block) under ultrasound guidance is denied as it is not recommended for therapeutic intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral MBB (medial branch block) under ultrasound guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines: Low back Chapter

**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, Facet joint diagnostic blocks (injections) & Facet joint medial branch blocks (therapeutic injections)

**Decision rationale:** The Official Disability Guidelines: Low Back Chapter Facet joint diagnostic blocks (injections) stated: Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment, diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. In this case the medical records do not establish clinical findings on physical examination consistent with facet joint mediated pain. Specifically there is no documented pain with extension, facet tenderness or positive facet maneuvers which would be expected in the presence of facet joint pathology. Therefore the medical necessity for Bilateral MBB under ultrasound guidance has not be established based on guidelines and lack of documentation. The request is non-certified.