

<b>Case Number:</b>	CM14-0024872		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/12/2007
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Occupational Medicine and is licensed to practice in Texas. 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 33 year old male whose date of injury is 07/12/2007. The mechanism of injury is described as repetitive motion. The injured worker is status post L5-S1 arthrodesis in July 2011 with subsequent hardware removal on 05/15/13. He subsequently completed a course of physical therapy in July and August 2013. Evaluation dated 11/11/13 indicates that the injured worker reported approximately 80% of his pain resolved after hardware was removed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR MEDIAL BRANCH BLOCK ( MBB) BILATERAL L4-5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 joint diagnostic blocks (injections).

**Decision rationale:** Based on the clinical information provided, the request for lumbar medial branch block bilateral L4-5 is not recommended as medically necessary. The submitted records fail to provide a current, detailed physical examination. There is no indication that the injured worker has undergone any recent active treatment. There are no recent imaging studies

submitted for review. Therefore, the requested bilateral medial branch blocks are not in accordance with Official Disability Guidelines recommendations, and medical necessity is not established. The request is not medically necessary and appropriate.