

<b>Case Number:</b>	CM14-0029265		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/01/2013
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Physical Medicine and Rehabilitation 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 50 year old female who sustained an injury to her low back on 06/01/13 after a fall while lifting. MRI of the lumbar spine dated 08/13/13 revealed a compression fracture with diminished anterior vertebral body height/hyperintensity bone marrow, slight angulation of the spine at T12-L1, and posterior indentation of about 2mm; L4-5, noted disc desiccation and bulging of about 2mm, facet joint hypertrophy, slight spinal stenosis, and neuroforaminal narrowing. Physical examination noted percussion tenderness approximately in the thoracolumbar junction; range of motion approximately 80% of expected; forward flexion with arms extended was to mid-calf; deep tendon reflexes 2/4 and symmetric bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral lumbar medial branch block at L4-5 and L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**Decision rationale:** The previous request was denied on the basis that there was no documentation provided in the medical record of any failed previous conservative treatments.

The Chronic Pain Medical Treatment Guidelines state that the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits the injured worker has completed to date or the injured worker's response to any previous conservative treatment. Given this, the request for Bilateral Lumbar Medial Branch Blocks at L4-5 and L5-S1 is not medically necessary.