

<b>Case Number:</b>	CM14-0029544		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	02/14/2011
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 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:

This case involves a 59 year-old female with date of injury 02/14/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 01/07/2014, lists subjective complaints as chronic low back pain. The examination of the lumbar spine revealed tenderness to palpation of the paraspinal muscles with spasming. Range of motion was restricted due to pain. Sensation was intact over all dermatomes of the lower extremities. Reflexes were hyporeactive in the knees and ankles and bilaterally symmetric. Babinski sign was absent and there was no evidence of clonus. X-rays of the spine, dated 01/22/2014, were notable for evidence of facet joint arthropathy and spondylosis involving the L5-S1 segment with disc space narrowing and associated foraminal narrowing. Current diagnosis was not included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L2-L3 L4 medial branch block and bilateral L5-S1 dorsal ramus block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 -

Lumbar & Thoracic (Acute & Chronic), Facet joint medial branch blocks (therapeutic injections).

**Decision rationale:** According to the Official Disability Guidelines (ODG), facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to support their use as treatment. There is no documentation in the medical record that the patient is a surgical candidate at this time. Bilateral L2-L3 L4 medial branch block and bilateral L5-S1 dorsal ramus block are not medically necessary.