

<b>Case Number:</b>	CM14-0034233		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 & Rehabilitation, has a subspecialty in Pain 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 38-year-old female with a reported injury on 07/09/2013. The mechanism of injury is not provided. The injured worker had an exam on 02/23/2014 with complaints of lower back pain of scale of 3/10. The injured worker also reported muscle spasms in the lower back while walking, with heaviness to both legs. Her medication list consisted of Tramadol and Advil, which she reported helped decrease the pain with no side effects. The injured worker had a previous MRI (magnetic resonance imaging) which revealed small tears and bulge at L3-L4 and L4-L5. The injured worker had diagnoses of low back pain, lumbar disc disorder without myelopathy, lumbosacral spondylosis without myelopathy, lumbar degenerative disc disease and lumbar radiculopathy. The recommended treatment consisted of core stabilization and strengthening training with physical therapy, possible epidural steroid injection, and possible chiropractic work. Surgery was not indicated. It was recommended for the injured worker to have medial branch blocks at L3-L4, L4-L5 and L5-S1. The request for authorization and rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDIAL BRANCH BLOCK INJECTIONS AT L3-L4, RIGHT PER REPORT DATED 2/13/14, QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Injections, Facet joint diagnostic blocks.

**Decision rationale:** The request for medial branch block injection at L3-L4 right is non-certified. The Official Disability Guidelines (ODG) recommends that the injections are limited to patients with low back pain that is non-radicular and at no more than two levels. The injured worker has a history of pain at L3-L4, L4-L5 and L5-S1. She does have a diagnosis of lumbar radiculopathy. The guidelines also recommend no more than one set of medial branch diagnostic blocks prior to a facet neurotomy. There was lack of documentation that a facet neurotomy is considered. There is lack of evidence to support the need for a medial branch block; therefore, the request is non-certified.

**MEDIAL BRANCH BLOCK INJECTIONS AT L4-L5, L5-S1, RIGHT PER REPORT DATED 2/13/14, QTY: 2.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Injections, Facet joint diagnostic blocks.

**Decision rationale:** The request for medial branch block injections at L4-L5, L5-S1, right is non-certified. The Official Disability Guidelines (ODG) recommends that the injections are limited to patients with low back pain that is non-radicular and at no more than two levels. The injured worker has a history of pain at L3-L4, L4-L5 and L5-S1. She does have a diagnosis of lumbar radiculopathy. The guidelines also recommend no more than one set of medial branch diagnostic blocks prior to a facet neurotomy. There was lack of documentation that a facet neurotomy is considered. There is lack of evidence to support the need for a medial branch block; therefore, the request is non-certified.