

<b>Case Number:</b>	CM14-0034841		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/14/2006
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 44-year-old male with a 4/14/06 date of injury. At the time (3/3/14) of request for authorization for Bilateral L4-L5 medial branch block, there is documentation of subjective (low back pain radiating to the hips and buttocks) and objective (lumbar spinous process and lumbar paravertebral tenderness, and decreased lumbar spine range of motion) findings, current diagnoses (lumbar degenerative disc disease, lumbar radiculitis, failed back surgery syndrome, lumbar facet syndrome, and lumbar myofascial pain syndrome), and treatment to date (medications, home exercise program, and trigger point injections). There is no documentation of pain that is non-radicular and failure of additional conservative treatment (physical therapy) prior to the procedure for at least 4-6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-L5 medial branch block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, low back chapter, facet joint diagnostic blocks (injection) section.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Medial Branch Blocks (MBBs).

**Decision rationale:** The MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. Official Disability Guidelines identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, lumbar radiculitis, failed back surgery syndrome, lumbar facet syndrome, and lumbar myofascial pain syndrome. In addition, there is documentation of low-back pain, at no more than two levels bilaterally, failure of conservative treatment (including home exercise and NSAIDs), and no more than two joint levels to be injected in one session. However, given documentation of subjective findings (low back pain radiating to the hips and buttocks) and a diagnosis of lumbar radiculitis, there is no documentation of pain that is non-radicular. In addition, there is no documentation of failure of additional conservative treatment (physical therapy) prior to the procedure for at least 4-6 weeks. Therefore, based on guidelines and a review of the evidence, the request for Bilateral L4-L5 medial branch block is not medically necessary.