

<b>Case Number:</b>	CM14-0037315		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/16/2002
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 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 49-year-old female with a 3/16/02 date of injury. At the time of the request for authorization for bilateral medial branch blocks, 2 levels at L2 and L3, there is documentation of subjective findings of low back pain, 80% low back pain and 20% left lower extremity pain and objective findings include rotation is limited with mild pain, flexion mild restriction, extension mild restriction, lateral bending mild restriction, and left extensor hallucis longus strength 1/5. The current diagnoses are 4-level disc replacement L2-S1, 2002 laminectomy with left drop foot prior to surgery (permanent), and new left lower extremity radiculitis. The treatment to date includes physical therapy and medication. There is no documentation of low-back pain that is non-radicular.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral medial branch blocks, 2 levels at L2 and L3:** Upheld

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

**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:** California MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG 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, PT, 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 2006 4-level disc replacement L2-S1, 2002 laminectomy with left drop foot prior to surgery (permanent), and new left lower extremity radiculitis. In addition, there is documentation of failure of conservative treatment including home exercise, PT, 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. However, given documentation of left lower extremity pain and a diagnosis of new left lower extremity radiculitis, there is no documentation of low-back pain that is non-radicular. Therefore, based on guidelines and a review of the evidence, the request for bilateral medial branch blocks, 2 levels at L2 and L3 is not medically necessary.