

<b>Case Number:</b>	CM14-0041179		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/19/1999
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Nevada. 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 records presented for review indicate this is a 71 year-old male who was reportedly injured on 11/19/1999. The mechanism of injury is not listed. Review of the available medical records; indicate there are ongoing complaints of low back pain. Physical examination demonstrated limited lumbar spine range of motion; tenderness to the facet joints and lumbar paravertebral muscles with spasming; negative straight leg raise test; ankle jerk 2/4 right and 0/4 left, patellar jerk: 1/4 bilaterally; motor strength limited by pain; extensor hallucis longus (EHL): 5-/5 right, 4/5 left, and ankle dorsi flexor's: 5/5 bilaterally; decrease sensation with light touch to left lateral foot/calf; antalgic gait with a cane. No imaging studies available for review. Previous treatment includes left piriformis block, radiofrequency ablation, and medications to include Lidoderm Patch, Neurontin, Protonix, Seroquel, Trazodone, Zanaflex, and, Norco. A request was made for one bilateral median branch block at L4-L5, L5-S1 and was not certified in the utilization review on 3/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One bilateral medial branch block at lumbar 4-5, lumbar 5-sacral 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic (Acute and Chronic).

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

**Decision rationale:** ACOEM treatment guidelines do not support facet joint injections (median branch blocks) who have failed to achieve lasting functional improvement with a prior injection or radiofrequency ablation. Based on the clinical documentation provided, the clinician does not provide rationale for deviation from the guidelines. As such, this request is not considered medically necessary.