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| <b>Case Number:</b>   | CM14-0047228 |                              |            |
| <b>Date Assigned:</b> | 07/02/2014   | <b>Date of Injury:</b>       | 03/13/2013 |
| <b>Decision Date:</b> | 08/20/2014   | <b>UR Denial Date:</b>       | 04/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/15/2014 |

### 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 Medicine 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 3/13/13 date of injury. At the time (3/21/14) of the request for authorization for Inj paravert f jnt l/s 1 lev, there is documentation of subjective (unchanged pain, low back pain and right leg pain, as well as groin pain and buttock pain) and objective (tenderness to palpation over the lumbar spine, positive facet stress test, painful extension, and neurologically intact) findings, current diagnoses (lumbar strain/sprain, lumbar disc pathology, lumbar degenerative disc disease, lumbar radiculitis, and lumbar spondylosis), and treatment to date (medications, activity modification, and physical therapy). Medical reports identify a request bilateral medial branch block to L3, L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inj paravert f jnt l/s 1 lev:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Thoracic and Lumbar Spine, Criteria for the use of diagnostic blocks for facet nerve pain.

**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:** 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, 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 strain/sprain, lumbar disc pathology, lumbar degenerative disc disease, lumbar radiculitis, and lumbar spondylosis. In addition, there is documentation of a request bilateral medial branch block to L3, L4-5. Furthermore, there is 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. Therefore, based on guidelines and a review of the evidence, the request for Inj paravert f jnt l/s 1 lev is medically necessary.