

<b>Case Number:</b>	CM14-0076113		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/15/2010
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 that this 29-year-old individual was reportedly injured on October 15, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated September 21, 2012, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a decrease in lumbar spine range of motion. No motor or sensory losses were reported. Diagnostic imaging studies were not presented. An electrodiagnostic assessment was completed with the changes in the right median nerve. Previous treatment included medications. A request had been made for medial branch blocks and was not certified in the pre-authorization process on May 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial Branch Block (MBB) bilateral L3, L4, L5 under fluoroscopy:** 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 (Injections).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) cervical and thoracic spine disorders, radiofrequency neurotomy (electronically cited).

**Decision rationale:** As noted in the ACOEM guidelines, there is no specific recommendation for this type of intervention. However, when noting the clinical information presented for review, there is no objectification that this is a facet joint mediated situation versus a radiculopathy. Furthermore, there are no current clinical progress notes presented for review to support this request. As such, based on the data clinical information presented for review, this is not medically necessary.