

<b>Case Number:</b>	CM14-0039871		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/02/2003
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Orthopedic Spinal Surgeon, and is licensed to practice in New York. 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 patient has a date of injury of July 2 2003rd. The patient has chronic low back pain. She has had previous lumbar laminectomy. Patient also had previous lumbar fusion. She continues to have chronic low back pain. The pain radiates down the left leg and also the right leg. She takes medication for pain. She's been treated with physical therapy medication injections and surgery. Physical exam shows decreased range of motion her motion and tenderness palpation of the lumbar spine. There is a well-healed surgical scar. At issue is whether L5 medial branch block and lumbar hardware block is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**bilateral L5 medial branch block w/fluor in office:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG low back pain chapter

**Decision rationale:** This patient does not meet established criteria for L5 medial branch block and for lumbar hardware block. Specifically the medical records do not indicate that the patient

has L5 radiculopathy or L5 facet symptomatology. The clinical presentation is not consistent with facet joint pain. In this patient she is complaining of radiating pain down the left and right legs. Radicular pain is a contraindication to medial branch block. ODG criteria for medial branch block not met. The patient also does not meet ODG criteria for hardware block. There is no documentation of broken hardware. There is no documentation of failure fusion. Medical records do not support the clinical indication for hardware block. Criteria for both hardware block at L5 medial branch block not met.

**diagnostic spinal hardware block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG low back pain chapter

**Decision rationale:** This patient does not meet criteria for spinal hardware block. Specifically the medical records do not indicate a problem with the hardware. Is no documentation of broken hardware. There is no documentation of pseudarthrosis. ODG criteria for spinal hardware block not met. The medical records do not indicate that the patient has any evidence of painful hardware or failure fusion.