

<b>Case Number:</b>	CM15-0009909		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	04/01/2008
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old male sustained an industrial injury on 4/1/08. He subsequently reports chronic back pain. Diagnoses include lumbago and lumbar radiculopathy. Prior treatments include Laminectomy/Discectomy L4-5 on 1/6/09 and Lumbar fusion of L4-5, L5-S1 on 5/23/11. Patient has also received injections, acupuncture, physical therapy and pain medications. Progress notes reviewed. Last report available until 12/16/14. Patient complains of low back pain. Pain is 8-9/10 and improves to 4-6/10 with meds. Patient had recent R sided L3-4, L4-5 and L5-S1 medial branch block. The procedure was "too painful" to complete and only had noted 20% improvement in pain. Objective exam reveals antalgic gait, limited range of motion with tenderness to L5-S1 and paraspinals. Request was for another attempt with IV sedation. Medications listed as Butrans patch and Norco. The UR decision dated 12/16/14 non-certified the Lumbar Medial Branch Block. The Lumbar Medial Branch Block was denied based on ACOEM, MTUS and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar MBB (Medical Branch Block): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: IV sedation

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Low Back

**Decision rationale:** As per ACOEM Guidelines, medial branch blocks may be considered for diagnostics purpose in preparation for cervical neurotomies. The evidence to support neurotomies in lumbar region is poor. Official Disability Guidelines were reviewed for more specific criteria. Patient does not meet criteria for recommend medial branch blocks. ODG criteria is procedure is limited to patient with low back pain that is non-radicular and no more than 2 levels bilaterally. This request is for 3 levels that is not recommended. IV sedation is also not recommended since it would completely invalidate any improvement in claimed pain response. Due to poor evidence to support lumbar neurotomy as per ACOEM and not meeting ODG guidelines, medial branch blocks under sedation is not medically necessary.