

<b>Case Number:</b>	CM15-0103796		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	09/20/2010
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: Preventive Medicine, Occupational 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:

The injured worker is a 50-year-old female, who sustained an industrial injury on 09/20/2010. She has reported subsequent low back pain and was diagnosed with lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome, right sacroiliac joint arthropathy, bilateral knee sprain, patellofemoral arthralgia, cervical sprain/strain and right knee internal derangement. Treatment to date has included oral pain medication, lumbar epidural steroid injections, physical therapy, chiropractic manipulative therapy and a home exercise program. In a progress note dated 05/06/2015, the injured worker complained of low back pain rated as an 8/10 with spasm and a decrease in radicular symptoms. Objective findings were notable for a right sided antalgic gait, tenderness with muscle guarding and spasm over the lumbar paravertebral musculature, severe facet tenderness over the L3-S1 spinous process, decreased range of motion of the lumbar spine, positive Kemp's and Farfan's test and tenderness to palpation over the medial and lateral joint line on the right. The physician noted that the injured worker had reported 50-60% improvement with a second right L3-L4 and L4-L5 transforminal epidural steroid injection on 02/13/2015 but had increased pain on extension and lateral bending with tightness, tenderness and spasm to the lumbar paravertebral musculature. A recent radiograph was noted to show facet arthropathy at L3-L4 and L2-L3 with mild disc protrusion. A request for authorization of medial branch block of right L1-L2 and L2-L3 and left L1-L2 and L2-L3 was submitted to determine the origin of the injured worker's pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial Branch Block right L1-2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, and Medial Branch Blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint medial branch blocks (therapeutic injections).

**Decision rationale:** According to the Official Disability Guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to support their use as treatment. There is no documentation in the medical record that the patient is a surgical candidate at this time. Not recommended except as a diagnostic tool. Minimal evidence for treatment. Medial Branch Block right L1-2 is not medically necessary.

**Medial Branch block left L1-2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, and Medial Branch Blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint medial branch blocks (therapeutic injections).

**Decision rationale:** According to the Official Disability Guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to support their use as treatment. There is no documentation in the medical record that the patient is a surgical candidate at this time. Not recommended except as a diagnostic tool. Minimal evidence for treatment. Medial Branch block left L1-2 is not medically necessary.

**Medial Branch Block right L2-3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Medial Branch Blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint medial branch blocks (therapeutic injections).

**Decision rationale:** According to the Official Disability Guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to support their use as treatment. There is no documentation in the medical record that the patient is a surgical candidate at this time. Not recommended except as a diagnostic tool. Minimal evidence for treatment. Medial Branch Block right L2-3 is not medically necessary.

**Medial Branch Block left L2-3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, and Medial Branch Blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint medial branch blocks (therapeutic injections).

**Decision rationale:** According to the Official Disability Guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to support their use as treatment. There is no documentation in the medical record that the patient is a surgical candidate at this time. Not recommended except as a diagnostic tool. Minimal evidence for treatment. Medial Branch Block left L2-3 is not medically necessary.