

<b>Case Number:</b>	CM15-0163251		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 52 year old male who sustained an industrial injury on 3-18-2011. He has reported hip pain and low back pain and has been diagnosed with lumbar disc herniation, sprain strain lumbar, and lumbar spondylosis. Treatment has included physical therapy, chiropractic care, injection, and medications. There was tenderness to palpation adjacent to SP left. Extension and axial rotation provoked pain to the left low back only. Straight leg raise was positive posterior calf. There was decreased sensation to the left posterior calf. The treatment plan included medication, a home exercise program, and follow up. The treatment request included left L4-L5, L5-S1 medial branch block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4-L5, L5-S1 medial branch block, quantity: 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

**Decision rationale:** Regarding the request for lumbar medial branch blocks, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Guidelines go on to recommend no more than 2 joint levels be addressed at any given time. Within the documentation available for review, it appears the patient has radicular findings (positive straight leg raise and decreased sensation in the lower extremity). Additionally, guidelines do not support the use of a series of 2 medial branch blocks, and rather recommend proceeding to radiofrequency ablation after one successful injection. As such, the currently requested lumbar medial branch blocks are not medically necessary.