

<b>Case Number:</b>	CM15-0191935		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	07/25/2014
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61 year old female, who sustained an industrial injury on 7-25-14. The injured worker is being treated for lumbar facet arthropathy, lumbar sprain and strain, left knee pain, left hip pain and right hip pain. (MRI) magnetic resonance imaging of lumbar spine performed on 9-10-14 revealed broad based disc bulge at L3-4, L4-5 and L5-S1 along with facet and ligamentum flavum hypertrophy at L2-3. Treatment to date has included chiropractic treatment and activity modifications. On 9-14-15, the injured worker complains of unchanged low back pain rated 7 out of 10, which is constant and brought on with prolonged sitting, standing walking, pushing, pulling lifting, kneeling and bending. Work status is noted to be limited duty. Physical exam performed on 9-14-15 revealed iliac crest higher on right than on left. On 9-14-15 a request for authorization for lumbar medial branch block was submitted. On 9-23-15 request for lumbar medial branch block was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar medial branch block:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, 2013 (online version).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Medial Branch block.

**Decision rationale:** The patient presents with pain affecting the low back, left knee, and bilateral hips. The current request is for Lumbar medial branch block. The treating physician report dated 8/3/15 (33B) states, "There is tenderness in the lumbar paraspinal muscles." The report goes on to note a normal sensory examination and negative straight leg raising exam. The report dated 6/15/15 (18B) states, "There is no evidence of radiating pain to the lower extremities on lumbar motion." The ODG guidelines have the following: "suggested indicators of pain related to facet joint pathology: (1) Tenderness to palpation in the paravertebral areas (over the facet region); (2) A normal sensory examination; (3) Absence of radicular findings, although pain may radiate below the knee; (4) Normal straight leg raising exam." In this case, the patient satisfies all of the necessary criteria for a medial branch block as outlined by the ODG guidelines. The current request is medically necessary.