

<b>Case Number:</b>	CM15-0197464		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	03/13/2010
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 66 year old female who sustained an industrial injury 03-13-10. A review of the medical records reveals the injured worker is undergoing treatment for low back pain, lumbar spondylosis, and lumbar intervertebral disc degeneration. Medical records (09-22-15) reveal the injured worker complains of "severe" back pain and "increased symptoms," which radiates to the lower extremities. The physical exam (09-22-15) reveals severe tenderness to palpation in the lower lumbar spine, "moderately" decreased lumbar range of motion, and the bilateral facet load test is positive. Prior treatment includes medications, physical therapy, home exercise program, a sacroiliac joint injections, multiple epidural steroid injections, lumbar spine facet block (09-13-11), and bilateral lumbar spine medial branch blocks at L4-5 (02-15-12). The original utilization review (10-01-15) non-certified the request for a right L3-4, L4-5, and L5-S1 medial branch block. There is no documentation provided regarding the effectiveness of the prior lumbar spine facet block or the lumbar spine medial branch blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L3-4, L4-5 and L5-S1 medial branch block: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

**Decision rationale:** This 66 year old female has complained of low back pain since date of injury 3/13/2010. She has been treated sacroiliac joint injections, epidural steroid injections, facet and medial branch block injections, physical therapy and medications. The current request is for right L3-4, L4-5 and L5-S1 medial branch block. Per the MTUS citation listed above, invasive techniques in the treatment of back pain, to include local injections of lidocaine, steroid or both are of questionable benefit and offer no significant long-term functional benefit. Based on the MTUS guidelines, right L3-4, L4-5 and L5-S1 medial branch block is not medically necessary.