

<b>Case Number:</b>	CM15-0198193		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	05/10/2005
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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, Oregon, Washington  
Certification(s)/Specialty: Orthopedic Surgery

### 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 47 year old female, who sustained an industrial injury on 5-10-2005. The injured worker is undergoing treatment for lumbago, lumbosacral spondylosis, low back pain and lumbosacral radiculopathy. Medical records dated 9-22-2015 indicate the injured worker complains of back pain. She underwent L-3-S1 medial branch block on 8-27-2015. The treating physician indicates, "the pain was improved for 16 hours during which time her right leg was numb to the toes and she was unable to walk. She has increased pain above the level of where the block was done." The injured worker indicates she would like to proceed with a repeat diagnostic block. She describes her pain as 4 out of 10, aching and in the low back and right hip. Physical exam dated 8-27-2015 notes painful decreased lumbar range of motion (ROM), positive painful axial loading of the lumbar spine and lumbar tenderness to palpation. Treatment to date has included medial branch block, physical therapy, massage therapy, chiropractic treatment, home exercise program (HEP) and medication. The original utilization review dated 10-1-2015 indicates the request for outpatient medial branch blocks under fluoroscopic guidance at L2, L3, L4 and L5 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient medial branch blocks under fluoroscopic guidance at L2, L3, L4 and L5:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diagnostic blocks.

**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 / Facet joint medial branch block (therapeutic injections).

**Decision rationale:** Per ODG Low Back/Facet joint medial branch block (therapeutic injections), medial branch blocks are "not recommended except as a diagnostic tool. Minimal evidence for treatment." As this procedure is not recommended per ODG guidelines, the request is not medically necessary.