

<b>Case Number:</b>	CM15-0210917		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	03/31/1998
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53 year old male sustained an industrial injury on 3-31-98. Documentation indicated that the injured worker was receiving treatment for chronic low back pain with bilateral leg radiculopathy, lumbar degenerative disc disease and spondylosis and chronic neck pain with degenerative disc disease. Previous treatment included epidural steroid injections, medial branch block, bracing and meds. In a PR-2 dated 5-5-15, the injured worker complained of pain rated 7 out of 10 on the visual analog scale. The injured worker reported 75% improvement in left leg pain following transforaminal epidural steroid injections on 3-18-15. In a PR-2 dated 8-25-15, the injured worker complained of an increase in nerve pain in bilateral legs, rated 9 out of 10 on the visual analog scale. The injured worker also complained of constant neck pain with radiation into the arms. Physical exam was remarkable for ongoing low back and leg pain with "limited" range of motion of the thoracic and lumbar spine. There was still "some paresthesia to bilateral upper extremities." The injured worker walked using a cane. The treatment plan included requesting authorization for repeat left L3, L4 and L5 medial branch blocks. On 10-21-15, Utilization Review noncertified a request for bilateral medial branch blocks at L3, L4 and L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Bilateral Medial Branch Blocks at 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, Low Back Chapter, Facet joint diagnostic blocks (injections).

**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 and pg 36.

**Decision rationale:** According to the guidelines, MBB is indicated for those without radiculopathy. It is recommended for those with facet arthropathy. In this case, the exam did not indicate arthropathy or lack of radiculopathy. In addition, improvement and use of prior ESI implies radicular symptoms. The MBB of the lumbar spine is not medically necessary.