

<b>Case Number:</b>	CM15-0038423		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	05/15/2014
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 58 year old male who sustained an industrial injury on 05/15/2014. Diagnoses include lumbago, lumbosacral spondylosis without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc, and disc displacement with radiculitis-lumbar. Treatment to date has included medications, chiropractic sessions and physical therapy. A physician progress note dated 01/29/2015 documents the injured worker has pain in the low back, worse on the right and overall getting worse. His pain occasionally radiates to the buttocks and hip on the right. He complains of tingling and numbness in the tip of both feet and the left leg. He has weakness in both legs but no cramping. Pain is rated at its worst as 7 out of 10. On examination, there is tenderness over L5-S1 facet region right side worse than left. Facet loading test is positive bilaterally, right side worse than left. Spine extension is restricted and painful. There is diminished sensation to touch and pinprick over the anterolateral aspect to the left leg and dorsum of the left foot. Electromyography on 10/09/2014 shows acute and chronic left L5 radiculopathy, acute right L4 and/or L5 radiculopathy and subtle evidence of bilateral S1 radiculopathies of uncertain age. Magnetic Resonance Imaging of the lumbar spine from 7/31/2014 revealed a large disc bulge and facet hypertrophy at L3-4 resulting in right lateral recess stenosis and bilateral neural foramen stenosis. L4-5 shows similar changes plus left far lateral herniated nucleus pulposus at L4-5 and similar changes to L3-4. Treatment requested is for Diagnostic bilateral medial branch blocks. On 02/11/2014 Utilization Review non-certified the request for Diagnostic bilateral medial branch blocks and cited was CA MTUS ACOEM Guidelines and ODG.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic bilateral medial branch block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online Low Back chapter: Facet joint medial branch blocks.

**Decision rationale:** The patient presents with pain affecting the lumbar spine. The current request is for Diagnostic Bilateral Medial Branch Block. The treating physician states, "Since his major issue is mechanical low back pain which appears to be secondary in lumbar facets, which has not responded to conservative management, I will proceed with bilateral L4, L5 diagnostic medial branch blocks aimed at bilateral L5-S1 facet joints under fluoroscopy guidance" (49B). The treating physician goes onto state that the patient has left L5 radiculopathy and left lower extremity tingling and numbness. The ODG guidelines state for MBB state that there should be no evidence of radicular pain, spinal stenosis, or previous fusion. In this case, the treating physician has documented that the patient has radicular pain and has diagnosed the patient with L5 radiculopathy. The current request is not medically necessary and the recommendation is for denial.