

<b>Case Number:</b>	CM15-0056121		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	02/15/2013
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 50 year old male, who sustained an industrial injury on February 15, 2013. He reported low back pain. The injured worker was diagnosed as having lumbar sprain, degenerative joint disease, chronic pain syndrome and cervical radiculopathy. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, pain injections, medications and work restrictions. Currently, the injured worker complains of low back pain pulsating with his heart beat and radiculopathy symptoms. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on November 6, 2014, revealed continued pulsating pain and radiculopathy symptoms. Evaluations on January 20, 2015, revealed the same. The plan included lumbar medial branch blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4-L5, L5-S1 medial branch blocks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300-301.

Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet Joint Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, medial branch blocks.

**Decision rationale:** ODG guidelines support medial branch blocks for diagnosis of lumbar pain with demonstrated physical exam findings of facet mediated pain and no findings of radiculopathy who have failed other conservative care. The medical records support the insured has positive physical exam findings consistent with facet mediated pain. The insured is reported to have radiculopathy and has failed other conservative care including PT and medications. The insured is not supported for facet medial branch blocks for diagnostic purposes congruent with ODG guidelines with the presence of radiculopathy reported. The request is not medically necessary.