

<b>Case Number:</b>	CM15-0088565		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	05/03/2014
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: New York  
 Certification(s)/Specialty: Internal Medicine

### 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 63 year old man sustained an industrial injury on 5/3/2014 after attempting to push the delivery and subsequently heard a pop in his back. Evaluations include lumbar spine MRI and x- rays, both undated. Diagnoses include lumbago, lumbosacral intervertebral disc degeneration, and lumbar disc displacement without myelopathy. Treatment has included oral medications. Physician notes from an initial pain consultation dated 1/8/2015 show low back and leg pain rated 6-7/10. Recommendations include cox II inhibitor, lumbar epidural steroid injection, continue physical activity and exercise program, follow up with primary care provider for other medical conditions, consider surgical options, urine drug testing, Baclofen, Vimovo, transforaminal injection, and send MRI report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial Branch Block L2, 3, 4, 5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines: Medial Branch Blocks.

**Decision rationale:** ODG states that medial branch blocks are not recommended except as a diagnostic tool and there is minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include: (1) one set of diagnostic medial branch blocks with a response of greater than or equal to 70%; (2) limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; (3) there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks; and (4) no more than 2 facet joint levels are injected in one session. In this case, the patient's low back pain is of radicular in nature and there were more than two levels that were affected. Not all the criteria required by the procedure were met. Medical necessity for the requested procedure was not established. The requested procedure is not medically necessary.