

<b>Case Number:</b>	CM14-0121889		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 31 year old male was reportedly injured on 08/21/13 to his low back. The utilization review dated 07/21/14 resulted in denial for medial branch blocks at L3 through L5 as insufficient information was submitted confirming the likely benefit from the procedure. A clinical note dated 06/26/14 indicated the injured worker complaining of low back pain rated 5/10. The injured worker reported primarily central pain; however, the injured worker also reported pain radiating into the right side and right lower extremities. The injured worker utilized Motrin and Ultracet for pain relief. Upon exam, tenderness was identified with paravertebral musculature and over the facet joints on the right. A clinical note dated 05/09/14 indicated the injured worker rating low back pain 4 to 7/10. The injured worker continued with Ultracet and Motrin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L3, L4, L5 Dorsal Medial Branch Diagnostic Block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES, LOW BACK CHAPTER, FACET JOINT DIAGNOSTIC BLOCKS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**Decision rationale:** The request for right L3, L4, and L5 dorsal medial branch diagnostic blocks is not medically recommended. The injured worker complained of low back pain radiating to the right lower extremity. Medial branch blocks are indicated for injured workers who have completed a full course of conservative treatment and continued complaints of low back pain that is non rating and is non radicular in nature. Given the pain, radiating into the right lower extremity this request is not indicated as medically necessary.