

<b>Case Number:</b>	CM14-0137284		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/03/2003
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 60-year-old female was reportedly injured on June 3, 2003. The most recent progress note, dated August 8, 2014, indicates that there are ongoing complaints of low back pain radiating to the left lower extremity. Current pain medications include hydrocodone/acetaminophen and Maxide. The physical examination demonstrated diffuse tenderness over the lumbar spine paraspinal muscles with muscle spasms and decreased range of motion. There was also SI joint tenderness bilaterally. A neurological examination indicated reflexes are one plus at the bilateral upper extremities and decreased at the patella and ankle. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes chiropractic care, acupuncture, and oral pain medications. A request had been made for lumbar spine medial branch blocks with fluoroscopic guidance and was not certified in the pre-authorization process on August 19, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar medial branch block with fluoroscopic guidance:** 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, Facet joint diagnostic blocks injections (MBB)

**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 - Lumbar and Thoracic, Facet Joint Diagnostic Blocks, Updated August 22, 2014.

**Decision rationale:** According to the Official Disability Guidelines the criteria for diagnostic medial branch blocks includes the absence of radicular symptoms and that no more than two facet joint levels are injected at one session. The progress note dated August 8, 2014, contains abnormal neurological findings and this request does not indicate how many or which levels are intended for injection. As such, this request for lumbar medial branch blocks with fluoroscopic guidance is not medically necessary.