

<b>Case Number:</b>	CM14-0147421		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	09/14/2012
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 63-year-old male with a 9/14/12 date of injury. At the time (8/25/14) of the Decision for Medial branch block L3-4 and 5 under fluoroscopy, there is documentation of subjective (pain in low back on right side with radiation to right thigh, pain in bilateral groins, and intermittent cramping of bilateral hamstrings, pain rated 4-9/10) and objective (moderate tenderness over right lower lumbar facets, facet loading test positive on right side, spine extension restricted and painful to the right, diminished sensation over medial and lateral right lower extremity below the knee, knee jerk 1+ on right and 2+ on left, and absent ankle jerk) findings, current diagnoses (degeneration of lumbar or lumbosacral intervertebral disc), and treatment to date (chiropractic therapy, physical therapy, home exercise program, medications (including NSAIDs), activity modifications, and right L5-S1 transforaminal epidural steroid injection). There is no documentation pain that is non-radicular.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial branch block L3-4 and 5 under fluoroscopy.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Medial Branch Blocks (MBBs)

**Decision rationale:** MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of a diagnosis of degeneration of lumbar or lumbosacral intervertebral disc. In addition, given documentation of the requested Medial branch block L3-4 and 5 under fluoroscopy, there is documentation of low back pain at no more than two levels bilaterally and no more than 2 joint levels to be injected in one session. Furthermore, there is documentation of failure of conservative treatment (home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks. However, given documentation of subjective (pain in low back on right side with radiation to right thigh) and objective (diminished sensation over medial and lateral right lower extremity below the knee, knee jerk 1+ on right and 2+ on left, and absent ankle jerk) findings, there is no documentation of pain that is non-radicular. Therefore, based on guidelines and a review of the evidence, the request for Medial branch block L3-4 and 5 under fluoroscopy is not medically necessary.