

<b>Case Number:</b>	CM14-0165507		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	10/14/2012
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 55 years old female with an injury date on 10/14/2012. Based on the 08/27/2014 progress report provided by [REDACTED], the diagnoses are lumbar myofascial pain; L5-S1 3-4 mm disc protrusion; L4-5 degenerative spondylolisthesis; C5-6 level 3 mm disc protrusion with foraminal stenosis; and status post right shoulder rotator cuff repair ([REDACTED]). According to this report, the patient complains of ongoing low back pain with any attempt at bending, stooping, or sitting. The patient also complains of sever neck pain with stiffness on rotation to the right and right shoulder pain with pushing, pulling, or above- shoulder-level activities. Physical exam reveals diffuse tenderness over the lumbar spine. Range of motion is limited. Straight leg raise is positive bilaterally at 80 degrees. The 09/03/ 2014 report indicates the patient has "pain radiated down the, bilateral legs." There were no other significant findings noted on this report. The utilization review denied the request on 09/01/2014. [REDACTED] [REDACTED] is the requesting provider, and he provided treatment reports from 10/17/2012 to 09/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral lumbar spine medial branch block at L3, L4 and L5 QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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 chapter under Facet joint diagnostic blocks (injections) and Facet joint medial branch blocks (therapeutic injections)

**Decision rationale:** According to the 08/27/2014 report by [REDACTED] this patient presents with ongoing low back pain with any attempt at bending, stooping, or sitting. The provider is requesting 1 bilateral lumbar spine medial branch block at L3, L4, and L5. The utilization review denial letter states, "The claimant had been diagnosed with facet joint pain with the 80% relief obtained by the first set of medial branch block; a second set of medical branch block is not medically necessary and is denied." Date of the procedure is unclear. Regarding medial branch blocks, MTUS does not address it, but Official Disability Guidelines low back chapter recommends it for "low-back pain that is non-radicular and at no more than two levels bilaterally." Review of the reports show the patient has "pain radiated down the, bilateral legs." In addition, physical exam does not indicate the patient has paravertebral facet tenderness. Furthermore, UR allured that the patient has had prior MBB with 80% relief of pain. Therefore, the requested repeat medial branch block with radicular symptoms is not in accordance with Official Disability Guidelines. Therefore, this request is not medically necessary.