

<b>Case Number:</b>	CM14-0095453		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	08/20/2008
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 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 45 year old male whose date of injury is 08/20/2006. The mechanism of injury is not described. Per prior utilization review dated 06/12/14, the request for medial branch blocks was modified to approve radiofrequency procedure only. The injured worker reportedly had significant relief from prior radiofrequency ablation (greater than 80%). The requesting provider noted that he would like to go straight to the RF since the injured worker had good relief and repeating the medial branch block would be a functional waste. Guidelines do not support multiple diagnostic injections. The injured worker underwent radiofrequency neurotomy L3-4, L4-5 on 07/14/14. Office visit note dated 08/04/14 indicates that procedure (bilateral lumbar radiofrequency) on 07/14 helped with pain. Diagnosis is failed back surgery syndrome L5-S1, left iliotibial band syndrome and bilateral lumbar facet pain improved post radiofrequency.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Right side Lumbar Medial Branch Blocks at L3-L4 and L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Medical Fee Schedule (OMFS) Official Disability Guidelines: Low Back Chapter - Facet joint pain, Facet joint diagnostic blocks (injections) Facet joint injections, multiple series

**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, Facet joint diagnostic blocks (injections)

**Decision rationale:** Based on the clinical information provided, the request for right side lumbar medial branch blocks at L3-4 and L4-5 is not recommended as medically necessary. The submitted records indicate that the injured worker underwent radiofrequency neurotomy at L3-4 and L4-5 on 07/14/14. It is unclear why a diagnostic medial branch block is being requested at this time when radiofrequency ablation has already been performed at the requested level. Therefore, medical necessity is not established in accordance with the Official Disability Guidelines Low Back Chapter.