

<b>Case Number:</b>	CM14-0099971		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	11/11/1986
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 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:

The injured worker is a 69 year-old female with a date of injury on November 11, 1986. She is diagnosed with (a) status post anterior cervical discectomy and fusion in February 2008, (b) status post lumbar laminectomy/discectomy, (c) chronic thoracic sprain/strain, and (d) right-sided lumbar radiculopathy. The progress report dated April 17, 2014 indicates that the injured worker was evaluated for complaints of pain in the neck, thoracic spine, low back and right leg extending to the foot. The physical examination showed decreased cervical range of motion with muscle spasms, decreased lumbar spine range of motion with tenderness over the coccyx, positive straight leg raise test, right leg pain reproduced with motion and motor weakness to the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3/L4, L4/L5 and L5/S1 Medial Branch Block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet Joint Medial Branch Block

**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 available records, the injured worker was experiencing low back pain with radicular symptoms. The requested medial branch blocks were intended for the L3-L4, L4-L5 and L5-S1 levels, bilaterally. However, evidence-based guidelines indicate that medial branch blocks are limited to injured workers with low back pain that is non-radicular and at no more than two levels bilaterally. On that note, it can be deemed that the injured worker apparently failed to meet the necessary criteria for the use of medial branch blocks. Therefore, the Bilateral L3/L4, L4/L5 and L5/S1 Medial Branch Block are not medically necessary and appropriate.