

<b>Case Number:</b>	CM13-0053412		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/30/2013
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Rehab, 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 53-year-old female with an injury date on 01/30/2013. Based on the 10/23/2013 progress report provided by the treating physician, the diagnoses are; 1. Lumbar spine discopathy with radiculopathy. 2. Cervical spine sprain/strain, resolved. According to this report, the patient complains of low back pain and "has had her first lumbar epidural with significant benefit." Physical exam of the lumbar spine reveals pain and tenderness in the bilateral paralumbar musculature. Range of motion is limited. Straight leg raise test is positive, bilaterally. "There is diminished left L5 sensory deficit." Treatment to date includes "lumbar epidural with significant benefit" that lasted about five to seven days. The treatment plan is "pending a second lumbar epidural," request for acupuncture, and weight loss. The patient's work status is "temporarily totally disabled." The 10/03/2013 report indicates patient's "back pain has increased with radiations down her bilateral hips and legs." Pain is rated as a 9/10. The 09/16/2013 report from Surgical Center indicates that the patient has a "left" L3-L4, L4-L5 Transforaminal Epidural Steroid injection." There were no other significant findings noted on this report. The utilization review denied the request for bilateral L3-L5 medial branch block on based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 03/08/2013 to 12/12/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL L3-L5 MEDIAL BRANCH BLOCK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES SECOND EDITION, SUMMARY OF RECOMMENDATIONS AND EVIDENCE, 308-310.

**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 10/23/2013 report, this patient presents with low back pain and has had a lumbar epidural injection at L3-L, L4-L5 on 09/14/2013 with significant benefit. The current request is for bilateral L3-L5 medial branch block but the treating physician's report containing the request is not included in the file. Regarding medial branch blocks, MTUS does not address it, but ODG low back chapter recommends it for "low-back pain that is non-radicular and at no more than two levels bilaterally." Review of the provided reports does not show evidence of prior MBB being done in the past. The treating physician documented that the patient has radiating low back pain that travel to the bilateral hips and legs. In addition, physical exam does not indicate the patient has paravertebral facet tenderness. Therefore, the requested medial branch block of L3-L5 is not supported by the ODG Guidelines. The current request is not medically necessary.