

<b>Case Number:</b>	CM14-0211440		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	09/23/2011
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Florida  
 Certification(s)/Specialty: Neurology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

A 7/1/14 note reports pain in the back. There have been 6 sessions of PT and the insured underwent hernia surgery. The insured is doing exercises and using TENS. Medications and treatment is reported to help pain 35% Examination notes pain with range of motion. There is positive right sciatic notch tenderness. Durken compression test is reported positive bilaterally. Bilateral tinels is positive and there is diminished sensation over the radial forearm and thumb. There is degenerative discopathy and facet arthropathy at L4-5 and L5-S1. There are reported degenerative changes at L4-5 and L5-S1 and degenerative facet changes at L4-5 and L5-S1 per an x-ray taken on 10/7/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 and L5-S1 Medial Branch Facet Block for diagnostic intent under fluoroscopy, quantity 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

**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, medial branch blocks

**Decision rationale:** The Official Disability Guidelines support medial branch blocks for diagnosis of lumbar pain with demonstrated physical exam findings of facet mediated pain and no findings of radiculopathy who have failed other conservative care. The medical records do not support the insured has positive physical exam findings consistent with facet mediated pain but does report the insured has failed other conservative care including PT and medications. As such, the injured worker is not supported for facet medial branch blocks for diagnostic purposes congruent with the Official Disability Guidelines.