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| <b>Case Number:</b>   | CM14-0035564 |                              |            |
| <b>Date Assigned:</b> | 03/24/2014   | <b>Date of Injury:</b>       | 07/12/2012 |
| <b>Decision Date:</b> | 03/26/2015   | <b>UR Denial Date:</b>       | 02/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/24/2014 |

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 28 year old male who sustained an industrial injury on 07/12/12. He reports pain in his back and legs. Treatments to date include conservative care, medications and steroid injections. He did not experience relief after the steroid injection. Diagnoses include lumbar spine radiculopathy and status post ESI. In a progress noted dated 12/12/14 the treating provider reports multiple trigger points and decreased range of motion, as well as failed conservative care. On 02/21/14 Utilization Review non-certified lumbar medical branch block under ultrasound guidance citing ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar MBB (medical branch block) bilateral under ultrasound guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, Facet joint diagnostic blocks

**Decision rationale:** Per the 02/12/14 report the patient presents with back and leg pain with radicular symptoms s/p ESI in 2012 that provided no relief. The patient's listed diagnoses include: Lumbar spine radiculitis and L4-L5-S1 DJD DDD. The current request is for LUMBAR MBB/MEDIAL BRANCH BLOCK/BILATERAL UNDER ULTRASOUND GUIDANCE. The RFA is not included. The reports do not state if the patient is currently working. ODG, Low Back Chapter, Facet joint diagnostic blocks guidelines state that the criteria for the use of diagnostic blocks for facet mediated pain is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally and the patient must have facet pathology. Furthermore documentation of failure of conservative treatment (including home exercise, physical therapy and NSAIDs) prior to the procedure for at least 4-6 weeks. Examination on 02/12/14 shows paraspinal spasm along with Trigger points at L5. The 02/12/14 Rx lists this request along with an ESI caudal for lumbar spine radiculitis. In this case, guidelines state that MBB is limited to patients with non-radicular pain and radicular pain is documented for this patient. Additionally, the request for ESI is presumably to treat radicular pain. Furthermore, this request does not state which levels are to be injected. The request IS NOT medically necessary.