

<b>Case Number:</b>	CM15-0113398		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	10/08/2013
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

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

This is a 43 year old male with an October 8, 2013 date of injury. A progress note dated May 15, 2015 documents subjective complaints (headache; constant lower back pain radiating to the bilateral legs rated at a level of 8/10), objective findings (decreased range of motion of the lumbar spine; Kemp's causes pain; straight leg raise causes pain on the right), and current diagnoses (headache; lumbar disc protrusion; lumbar myofascitis; lumbar stenosis). Treatments to date have included medications and lumbar epidural steroid injections. The treating physician requested authorization for lumbar medial branch blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L3, L4, L5 medial branch blocks to block the right L4-5 and L5-S1 facets:** 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 (ODG) Low back under Medical Branch Blocks, Diagnostic.

**Decision rationale:** This claimant was injured in 2013. There is headache, and constant low back pain radiating to the legs. There has been medicines and lumbar ESI. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes: Criteria for the use of diagnostic blocks for facet "mediated" pain: 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session (see above for medial branch block levels). 5. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005) 6. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. The surgical plans in this claimant is not clear. Moreover, objective improvement out of past injections is not known. The request is not medically necessary.