

<b>Case Number:</b>	CM15-0175290		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	03/13/2012
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 60 year old female who sustained an industrial injury on 3-13-2012. A review of medical records indicates the injured worker is being treated for low back pain, lumbar spondylosis without myelopathy, lumbar degenerative disc disease, gluteus muscle atrophy, L5 and S1 radiculopathy by nerve conduction study and spondylolisthesis. Progress report dated 7- 24-2015 noted low back pain. Pain level score was rated as fairly high and frequently awakens throughout the night. Physical findings indicate there was tenderness at L4, L5, and S1. There was a scoliosis. There was augmentation of pain with lumbar extension and direct loading of the L4-L5 and L5-S1 facets. Treatment has included physical therapy and medications. Computed tomography (CT) scan of the lumbar spine revealed no focal disc protrusion-extrusion identified, multilevel degenerative changes are associated with levoscoliosis, retrolisthesis at L1-2 and L2- 3, and anterolisthesis at L4-5, variable degree of foraminal narrowing. Utilization review form dated 8-7-2015 non-certified bilateral medial branch block at L3, L4, L5, lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Lumbar Medial Branch Blocks, L3, L4, L5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Facet Joint Diagnostic Blocks (injections).

**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/Facet blocks.

**Decision rationale:** The patient is a 60 year old female with an injury on 03/13/2012. She has lumbar radiculopathy with gluteus muscle atrophy. On 07/29/2014, she had an EMG/NCS that revealed mild to moderate right L5-S1 radiculopathy that was then acute with chronic changes. She already had a medial branch block in 2010. She also had lumbar epidural steroid injections in 2010 and 2011. In 12/2014, she had a radiofrequency ablation. She has been treated with physical therapy and medications. On 01/06/2015, she ambulated with a cane. More recently, she weighed 246 pounds. Again, she has already been treated with a medial branch block and radiofrequency ablation. ODG note that medial branch blocks are diagnostic tests to ascertain if a radiofrequency ablation (or surgery) might be needed and the patient already had a radiofrequency ablation and there is no documentation that surgery is being contemplated. Also, the request is for bilateral lumbar medial branch blocks and there is no finding to suggest the medical necessity of left lumbar medial branch block treatment. ODG notes that medial branch blocks are not recommended except as a diagnostic tool. Again, these blocks are temporary. The requested bilateral multilevel medial branch blocks are not consistent with ODG and are not medically necessary.