

<b>Case Number:</b>	CM15-0073963		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	12/03/2010
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: 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:

The injured worker is a 27 year old male, who sustained an industrial injury on 12/03/2010. He has reported injury to the low back. The diagnoses have included low back pain; lumbosacral spondylosis without myelopathy; and status post lumbar laminectomy at the L3-L5 levels, followed by a revision surgery at the left L4-L5. Treatment to date has included medications, epidural steroid injection, TENS (trancutaneous electrical nerve stimulation) unit, physical therapy, and surgical intervention. Medications have included Naprosyn, Percocet, and Tramadol. A progress note from the treating physician, dated 03/06/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of back pain radiating down the left leg; pain is rated as 4.5/10 on the visual analog scale with medications, and 7.5/10 without medications; and activity level has decreased. Objective findings included tenderness on palpation and tight muscle band to the paravertebral muscles on both sides; and straight leg raising test is positive on both sides. The treatment plan has included the request for medial branch blocks at left L3-L4 and L4-L5 as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial branch blocks at left L3-L4 and L4-L5 as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint medial branch blocks (therapeutic injections).

**Decision rationale:** According to the Official Disability Guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to support their use as treatment. There is no documentation in the medical record that the patient is a surgical candidate at this time. Medial branch blocks at left L3-L4 and L4-L5 as an outpatient is not medically necessary.