

<b>Case Number:</b>	CM15-0075149		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	04/01/2010
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Pennsylvania, Ohio, 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 40 year old male, who sustained an industrial injury on 4/1/10. He reported pain in the low back. The injured worker was diagnosed as having lumbar spondylosis without myelopathy, thoracic spondylosis without myelopathy and unspecified myalgia and myositis. Treatment to date has included physical therapy, chiropractic treatments, lumbar epidural injection and opioid medications. As of the PR2 dated 3/2/15, the injured worker reports pain in his lower back. He rated his pain 10/10 without pain medications and 4/10 with pain medications. The treating physician noted decreased range of motion and a positive Patrick's test bilaterally. The treating physician requested a bilateral lumbar medial branch block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Lumbar MBB #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** ACOEM guidelines state that invasive techniques in the lumbar spine are of questionable merit. In this case the records indicate the patient has done well with initial first-line treatment for predominantly degenerative spinal pain. Neither the records nor the treatment guidelines support a rationale or indication to proceed to medial branch blocks in this case. Moreover the records discuss a component of radicular pain, which would not generally suggest facet-mediated pain and for which a medial branch would not be of diagnostic or therapeutic benefit. Additionally this request is not specific as to the level at which a lumbar medial branch block is requested, again suggesting the absence of clinical findings of focal facet-mediated pain. For these multiple reasons, this request is not medically necessary.