

<b>Case Number:</b>	CM14-0105365		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/27/2012
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 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 56-year-old male with a reported date of injury on 11/27/2012. The mechanism of injury was noted to be a lifting injury. His diagnoses were noted to include lumbar radiculopathy, lumbar spine degenerative disc disease, and low back pain. His previous treatments were noted to include physical therapy, chiropractic therapy, and medications. The progress note dated 06/12/2014 revealed the injured worker complained of back pain that radiated from his low back down the left leg. The injured worker rated his pain with medications as 6/10 and without medications 8/10. The injured worker revealed his quality of sleep was good and denied any new injury since the last visit. The physical examination to the lumbar spine revealed restricted range of motion, and upon palpation paravertebral muscles, hypertonicity, spasm, tenderness, and tight muscle band were noted on the left side. The injured worker is unable to walk on his heels and he cannot walk on his toes. Lumbar facet loading was positive on both sides. The stretch of the piriformis was negative. The faber test was also negative, and tenderness was noted over the posterior iliac spine on the left side of the sacroiliac spine. The motor strength examination revealed the motor strength of the extensor hallucis longus was 5-/5 on the right and 4/5 on the left and the ankle dorsiflexors was 5-/5 on both sides; ankle plantar flexors was 5-/5 on both sides, and the knee extensors was 5-/5 on both sides; knee flexors was 5-/5 on both sides, and hip flexors was 5/5 on both sides. The sensory examination revealed light touch sensation decreased over the medial foot, posterior thigh, at the L4-5 lower extremity dermatome on the left side. The deep tendon reflexes noted the knee jerk was 2/4 on both sides and the ankle jerk was 2/4 on both sides. The straight leg raising test was positive. The provider indicated the injured worker was not able to stand fully erect and had a forward stoop and a left lateral flexion posture. The injured worker indicated the

previous translaminar approach at the L5-S1 and transforaminal injection at L4-5 and L5-S1 did not provide any relief. The Request for Authorization form was not submitted within the medical records.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Medial branch block at left L4-L5 and L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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 (ODG), Low Back, Facet joint diagnostic blocks.

**Decision rationale:** The request for Medial branch block at left L4-L5 and L5-S1 is not medically necessary. The injured worker has failed previous epidural steroid injections. The Official Disability Guidelines recommend no more than 1 set of medial branch diagnostic blocks prior to facet neurotomy if neurotomy is chosen as an option for treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The guidelines criteria for the use of diagnostic blocks for facet mediated pain is clinical presentation should be consistent with facet joint pain, which includes tenderness to palpation in the paravertebral areas (over the facet region), a normal sensory examination, absence of radicular findings, and a normal straight leg raise exam. The guidelines state 1 set of diagnostic medial branch blocks is required with a response of greater than 70%. The pain response should last at least 2 hours for lidocaine. The guidelines limit medial branch blocks to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. There must be documentation of failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4 to 6 weeks. There should be no more than 2 facet joint levels injected at 1 session, and diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. The documentation provided indicated the injured worker had radicular symptoms consistent with a positive straight leg raise, diminished sensation to L4 and L5, and diminished deep tendon reflexes. The injured worker was noted to have positive facet loading. However, due to the radicular symptoms and clinical findings of radiculopathy, a medial branch block is not appropriate at this time. Therefore, the request is considered not medically necessary.

#### **Single point cane with rubber stopper bottom: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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 (ODG), Knee and Leg, walking aids.

**Decision rationale:** The request for Single point cane with rubber stopper bottom is not medically necessary. The injured worker has a cane he purchased himself several years ago and is requesting a new cane due to instability. The Official Disability Guidelines state almost half of patients with knee pain possess a walking aid. Disability, pain, and age related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. A cane use, in conjunction with a slow walking speed, lowers the ground reaction force, and decreases the biomechanical load experienced by lower limb. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with osteoarthritis. In a similar manner to which cane use unloads limb, weight loss also decreases load on limb to a certain extent and should be considered for long-term strategy, especially to overweight individuals. The guidelines recommend a cane for injured workers with osteoarthritis of the knees; however, there is a lack of clinical findings consistent with instability to warrant a cane. Therefore, the request is not medically necessary.