MAXIMUS Federal Services

Case Number:	CM14-0048603		
Date Assigned:	06/25/2014	Date of Injury:	05/22/2001
Decision Date:	07/31/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/28/2014

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, has a subspecialty in Pain Medicine 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:

This is a 54-year-old female who sustained a remote industrial injury on 05/22/01 and was diagnosed with left knee contusion, bilateral knee sprain/strain, left wrist sprain/strain, cervical spine sprain/strain, lumbar spine sprain/strain with lower extremity radiculitis, bilateral ankle sprain/strain, painful left knee total knee arthroplasty, and degenerative joint disease of the right knee. Mechanism of injury occurred while the patient was lifting a large railroad tie and felt a cracking sensation in her knees. The request for Bilateral Medial Branch Block to L4-S1 was non-certified at utilization review due to the patient having a history and diagnosis of radiculopathy, and medial branch blocks are not recommended for the treatment of radiculopathy. The most recent progress note provided is 03/06/14. It appears the patient complains primarily of worsening low back pain. Patient rates the pain as an 8-9/10 without medications and 6-7/10 with medications. Patient reports joint pain, muscle spasms, sore muscles, depression, stress, and anxiety. Current medications include: Flexeril, Percocet, Neurontin, and Trazodone. The most recent physical exam, from the note dated 01/28/14, reveals diffuse tenderness over the lumbar spine; moderate facet tenderness at L4-S1; sacroiliac tenderness; positive Fabere's/Patrick's and Sacroiliac Thrust tests; positive Yeoman's and Kemp's test; positive straight leg raise on the left and Farfan test; decreased range of motion of the lumbar spine; slightly decreased flexion of bilateral knees; positive patellar compression; and decreased muscle strength in L2-L5 dermatomes. Provided documents include several handwritten/typed progress reports, requests for authorizations, and a urine toxicology report. The patient's previous treatments include bilateral knee arthroscopies, epidural steroid injection, cortisone injections, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, acupuncture, and medications. Imaging studies provided include an MRI of the lumbar spine, with the most recent one performed on 08/01/13. The impression of this MRI reveals at L5-S1, a

posterior annular tear on the left side; a 2-mm left paracentral disc protrusion resulting in effacement of the anterior thecal sac with some narrowing of the lateral recess also at L5-S1; and facet arthropathy at L4-5 and L5-S1. An X-ray bone length studies scanograms of the bilateral lower extremities, an X-ray of the left knee, and an X-ray of the pelvis, all dated 10/16/13, are also included for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medial Branch Block to L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 (injections).

Decision rationale: According to ODG, facet joint diagnostic blocks are limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. Provided documentation highlights the patient has been treated for radiculopathy in the past, which is an exclusionary criterion, and more epidural steroid injections continue to be discussed. Further, a physical examination revealed findings that did not identify that the patient's pain is primarily facetogenic in nature. As the conflicting physical exam findings and treatment requests are not addressed by the treating physician, the request cannot be supported, and is therefore not medically necessary.