MAXIMUS Federal Services

Case Number:	CM14-0097496		
Date Assigned:	07/23/2014	Date of Injury:	05/19/2013
Decision Date:	08/27/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/12/2014

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 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:

The injured worker is 45-year-old-male who suffered industrial injury on 05/19/2013 while working as a sheriff's custody deputy, who developed a painful bump to the bottom of the left foot. He complains of pain which radiates from the foot up to the leg. Physical examination reveals ROM is full bilaterally and muscle strength is 5/5 in all four quadrants bilaterally. Increased tenderness to palpation is noted to the lateral and plantar aspects of the lateral foot on the fifth metatarsal and to the plantar aspect of the cuboid, left foot. Patient complains of constant pain in his lower back described as dull. Pain increases with prolonged sitting, standing and lifting. Pain radiates down his left leg, left thigh and has extreme pain in his groin area. Patient's medication includes Vicodin, Flexeril, Atorvastatin, and Lipitor. Electromyogram (EMG) and Nerve Conduction Studies of the Upper Extremities were performed. Impression: Normal EMG of the upper extremities. NCS revealed mild right median sensory neuropathy at the wrist, moderate left median sensory neuropathy at the wrist and mild left median motor neuropathy at the wrist. X-ray of the pelvis is normal. There is approximately 5 mm of joint space of the right and left hip joint. X-ray of the lumbosacral spine reveals bone quality normal and there is no evidence of significant degenerative disc disease. X-ray of the left foot reveals evidence of degenerative joint disease at the first metatarsophalangeal joint, an irregularity at the joint consistent with degenerative joint disease. Diagnoses are status post right carpal tunnel release in 2002, rule out left carpal tunnel syndrome, chronic low back pain, rule out herniated disc, left foot plantar fibromatosis, left foot gouty arthritis at first toe and anxiety with difficulty sleeping. The patient's treatment options include Physical Therapy, chiropractic care, acupuncture, injections and surgery. Request for Medial Branch Block on right L3-4 and L4-5 has been denied due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Medial Branch Block at Right L3-L4 AND L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: CA MTUS does not address this issue. Per ODG guidelines, the criteria for diagnostic lumbar facet medial branch block include low back pain that is non-radicular and at no more than two levels bilaterally and there is documentation of trial and failure of conservative treatment (Home Exercise Program, Physical Therapy, NSAIDs) for at least 4-6 weeks and no prior history of fusion. In this case the pain radiates to left leg. Additionally, there is no documentation of trial and failure of conservative management of at least 6 weeks duration. Therefore, the request is not medically necessary according to the guidelines.