MAXIMUS Federal Services

Case Number:	CM14-0186846		
Date Assigned:	11/17/2014	Date of Injury:	12/12/2009
Decision Date:	01/05/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/10/2014

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 Family Medicine and is licensed to practice in New Jersey and New York. 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 a 63 year-old male who was injured on 12/21/09. He complained of low back, right shoulder, and left knee pain. As per a 9/14/14 note, the patient's back pain is non-radiating, with no evidence of sciatic nerve root tension and normal neurologic exam of the lower extremities. However, a 9/29/14 note states that he has lumbar pain radiating down the left lower extremity and into the heel. On exam he was unable to walk on heels and toes, he had diffuse guarding and tenderness of the lumbar spine and paraspinal muscles, limited range of motion, positive straight leg on the right, and normal sensory, motor, and reflexes. He was diagnosed with bilateral shoulder impingement syndrome, left shoulder rotator cuff syndrome, right shoulder internal derangement with tear, calcific tendonitis, bursitis, lumbar disc syndrome, lumbar spine herniated nucleus pulposus, left knee lateral meniscus tear, and left knee osteoarthritis, degenerative joint disease. He underwent a left knee arthroscopy. His treatment included medications, physical therapy, chiropractic care, aquatic therapy, acupuncture, lumbar epidural steroid injection, and lumbar spine fusion in 11/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Low Volume L3-4, L4-5 AND L6-S1 Medial Branch Anesthetic Nerve Block:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC; 2014 Low Back Chapter; Criteria for the use of diagnostic blocks for facet "mediated" pain

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 is considered not medically necessary. The MTUS guidelines do not address this. According to the ODG guidelines, the criteria to perform a nerve block includes back pain that is non-radicular which does not apply to this patient. The patient was documented to have back pain radiating to the left lower extremity. Therefore, the request is considered not medically necessary.