

<b>Case Number:</b>	CM15-0107795		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	03/16/2007
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational Medicine

### 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 62 year old male who sustained an industrial injury on 3/16/07. Diagnoses listed by the treating physician on 3/30/15 are left knee internal derangement, status post left knee surgery 1/2009, left shoulder pain, status post left shoulder arthroscopic surgery 7/2007, possible lumbar discogenic pain/possible, bilateral lumbar facet pain L4-L5, L5-S1/possible lumbar sprain/strain, and resolved cervical sprain/strain. A primary treating physician's narrative reevaluation report dated 3/30/15 notes the injured worker complains of constant left knee pain rated 5-8 out of 10, which is aggravated by kneeling, walking, prolonged standing, squatting, climbing and somewhat improves with medication. He has lower back pain rated 4-8 out of 10 which radiates up to the left shoulder. Low back pain is aggravated with prolonged sitting, standing, and activity. He complains of on and off left shoulder pain. Pain of the left knee, low back and left shoulder is described as sharp, shooting, stabbing, aching, and throbbing. He has muscle spasms of the left knee and cannot sit, stand, or drive in one position. His pain is limiting work, home, social, recreational, and outdoor life as well as affecting sleep. He has axial type of back pain with no radicular pain. The MRI of the lumbar spine is showing hypertrophic facet changes. Examination of gait shows slight left side limping and left side favoring guarded gait. Exam of the mid back is normal. The lower back shows midline tenderness at L4-S1, bilateral lumbar facet tenderness at L4-L5, L5-S1 and thoracic and lumbar spine movements still remain painful. A urine drug screen done 3/30/15 did not show any un-prescribed medications. Prior treatment includes Naprosyn 500 mg twice a day as needed,

Ultram-which was increased on 4/1/15 to three times per day due to complaints of increased pain, Glucosamine Sulfate, Ultracin, Flurlido-A, Ultraflex-G, transcutaneous electrical nerve stimulation, physical therapy for instruction and review of home exercise program for knee, shoulder and back. Work status is that he was declared permanent and stationary and was considered a qualified injured worker, no modified work was available and he has since retired. The treatment requested is bilateral lumbar facet median nerve block at L4-L5 and L5-S1.

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

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

#### **Bilateral Lumbar Facet Median Nerve Block at L4-5 and L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Lumbar - Facet Injection.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint medial branch blocks (therapeutic injections).

**Decision rationale:** ODG states that lumbar medial branch blocks are not recommended except as a diagnostic tool. The patient's condition is considered to have reached maximal medical improvement and the injury is over 8 years old. The clinical exam states that the pain is primarily axial however there are no clinical findings which indicate that this pain is facet mediated. It is also appears that the low back pain represents the patient's baseline condition. The record also does not state whether facet mediated pain has been treated in the past and its success. This request for medial branch blocks is not medically necessary.