MAXIMUS Federal Services

Case Number:	CM15-0180261		
Date Assigned:	09/22/2015	Date of Injury:	03/16/2007
Decision Date:	11/06/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/14/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 3-16-2007. The injured worker was diagnosed left knee internal derangement status post left knee surgery with residual, left shoulder pain status post left shoulder arthroscopic surgery with residual, and possible lumbar discogenic pain and possible bilateral lumbar facet pain at L4-L5 and L5-S1, and resolved cervical sprain-strain. The request for authorization is for: 2nd bilateral diagnostic L4-L5 and L5-S1 lumbar facet medial nerve block. The UR dated 8-17-2015: non-certified the request for 2nd bilateral diagnostic L4-L5 and L5-S1 lumbar facet medial nerve block. On 5-11-15, he reported left knee pain rated 5-8 out of 10 without medications, and low back pain. On 7-16-15, he reported pain to the left knee, low back, and left shoulder. The provider noted there to be no evidence of low back radiculopathy. He was scheduled for lumbar facet medial nerve block on 7-21-15. On 7-21-2015 an operative reported noted he attained "complete back pain relief for six hours after diagnostic bilateral L4-L5, L5-S1 lumbar facet medial nerve block". He rated his left knee pain 5 out of 10, and indicated he also had low back and left shoulder pain. Physical examination revealed an abnormal gait, tenderness in the low back. There is no notation regarding radiating pain of the low back. On 8-17-15, the provider noted a telephone call to Utilization Review physician and indicated discussion regarding lumbar facet medal nerve block and medications. The provider noted that certification had been given for radiofrequency bilateral L4-L5, L5-S1, and recommendations to wean off Ultram, and a "recommendation for caudal epidural block pain relief and to prevent neuropathic pain which can occur after radiofrequency. The patient was not recommended caudal epidural block for radicular pain since

the patient has no radicular pain". The treatment and diagnostic testing to date has included: medications, steroid injection of left shoulder (4-14-15), QME (5-6-2008, and 7-14-2009), home exercise program, and physical therapy, left knee surgery (1-27-2009), left knee steroid injection (5-11-15) with 50% improvement noted, and TENS, magnetic resonance imaging of the lumbar spine (date unclear) is reported to show hypertrophic facet changes with facet loading positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd bilateral diagnostic L4-L5 and L5-S1 lumbar facet medial nerve block: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet joint injections, Facet joint diagnostic blocks.

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 chapter and pg 36.

Decision rationale: In this case, the claimant already received a medial branch block. There was no indication to perform another one, since the 1st one provided short term relief. The recent exam notes requesting an addition MBB was no substantiated with clinical findings. In addition, the ACOEM guidelines, do not recommended MBB due to their short term benefits. The request for an additional MBB is not medically necessary.