MAXIMUS Federal Services

| Case Number: | CM14-0144352 | | |
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| Date Assigned: | 09/12/2014 | Date of Injury: | 06/11/2013 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 08/12/2014 |
| Priority: | Standard | Application Received: | 09/05/2014 |

## 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 & Rehabilitation & 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 a 57-year-old male who reported injury on 06/11/2013. The mechanism of injury was due to cumulative trauma from job duties. The injured worker has diagnoses of left Shoulder Rotator Cuff Tear and Partial Biceps Tendon Tear with aggravation of acromioclavicular arthritis, left trapezial myalgia secondary to left shoulder impairment, lumbar spine sprain/strain with aggravation of spondylosis and right knee patellofemoral syndrome. Past medical treatment consists of surgery, chiropractic therapy, acupuncture therapy, lumbar support brace, knee stabilizer, and medication therapy. Medications include Ultracet. The submitted documentation indicates the MRI presented itself with findings of multilevel lumbar disc herniations. The MRI was not submitted for review. On 09/03/2014, the injured worker complained of left shoulder pain and back pain. It was noted on physical examination that the injured worker had a pain rating of 7/10. Examination of the lumbar spine showed that there was tenderness to palpation at the interspinous ligaments. There was flexion of 40 degrees and extension of 10 degrees with pain. Examination revealed a right lateral bending of 25 degrees and left lateral bending of 25 degrees, right rotation of 20 degrees and left rotation of 20 degrees. The treatment is for the injured worker to undergone medial branch facet blocks at L3-4 and L4-5 bilateral. The provider feels that is necessary due to at present time the injured worker continues to complain of pain in the lower back without radiculopathy. The Request for Authorization form was submitted on 09/03/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial Branch Facet Blocks of L3-L4 and L4-5 Bilaterally:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Block

**Decision rationale:** The request for Medial Branch Block Facet at L3-4 and L4-5 Bilaterally is not medically necessary. The California MTUS/ACOEM Guidelines state diagnostic and/or therapeutic injections may be beneficial to a patient presenting in the transitional phase between acute and chronic pain. The ODG further states that criteria for use of diagnostic blocks is limited to patients with pain that is non-radicular, no more than 2 levels are injection in 1 sessions and failure of conservative treatment to include home exercise, PT, and NSAIDs prior to the procedure for at least 4 to 6 weeks. It was noted in the submitted report that the injured worker had lumbar spine tenderness. However, it was not specific over the L3-4 and L4-5 levels. Additionally, there was an absence of a sensory examination and evidence of a straight leg raise. Furthermore, the request, as submitted did not specify how many facet blocks the provider was requesting. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.