

Case Number:	CM15-0066889		
Date Assigned:	04/14/2015	Date of Injury:	03/07/2014
Decision Date:	05/18/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/08/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 March 7, 2014. He reported a slip and fall injuring his right knee and back. The injured worker was diagnosed as having right hypertension NOS, right tear medial meniscus knee, right osteoarthritis and degenerative joint disease of the knee. Treatment to date has included diagnostic studies, surgery, injection and medication. On March 6, 2015, the injured worker complained of knee and back pain. The pain was described as aching, throbbing and stabbing. The pain was rated as a 8 on a 1-10 pain scale without medication and as a 3-5/10 on the pain scale with medication. The pain is better with medication, heat, rubs and lying down. The pain is worse with bending, stooping and squatting. Notes stated that without the pain medication he would be unable to walk, stand, lift or work. The treatment plan included a right knee arthroscopy with debridement and medications. The request for a Left medial branch block with sedation was denied by physician reviewer on 3/18/15 due to moderate sedation not being indicated and lack of documentation supporting facet joint pain on exam as well as lack of failure of conservative management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left medial branch block with moderate sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-low back chapter, facet joint diagnostic blocks section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

Decision rationale: Regarding the request for lumbar medial branch blocks, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Within the documentation available for review, examination does not support that the patients pain is from the facet joints. Additionally, ODG states sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. As such, the currently requested lumbar medial branch blocks under sedation are not medically necessary.