

Case Number:	CM15-0078642		
Date Assigned:	05/27/2015	Date of Injury:	07/03/2014
Decision Date:	06/19/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/24/2015

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: Massachusetts

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

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 50 year old, male who sustained a work related injury on 7/3/14. The diagnoses have included bilateral lumbar facet joint pain, lumbar facet joint arthropathy, chronic low back pain, right shoulder pain, right internal derangement, status post right shoulder surgery, chronic right knee pain, status post right knee surgery and internal derangement right knee. Treatments have included medications, right knee surgery, right shoulder surgery x 2 and physical therapy. In the Initial Consultation Report dated 3/30/15, the injured worker complains of achy low back, right shoulder and right knee pain. He rates his pain level a 5/10. He has tenderness to palpation of lumbar paraspinal muscles overlying low facet joints. He has tenderness to palpation of right shoulder and right knee. He has decreased range of motion in lumbar spine. The treatment plan includes a recommendation to another physician to be secondary treater for orthopedic shoulder care, a recommendation for a bilateral lumbar facet joint medial branch block and a recommendation for a right knee nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Etodolac 400mg x 60 with no refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list & adverse effects Page(s): 67-71.

Decision rationale: The claimant sustains a work injury in July 2014 and continued to be treated for low back, right shoulder, and right knee pain. When seen, pain was rated at 5/10. Physical examination findings included lumbar paraspinal muscle tenderness and decreased range of motion including pain with spinal extension. Straight leg raising was negative and there was a normal neurological examination. Imaging results are referenced as showing multilevel facet arthropathy and degenerative disc disease. There was right knee tenderness with decreased and painful range of motion. Prior treatments have included arthroscopic right knee surgery in 2013, physical therapy, and medications. Guidelines recommend the use of NSAID (nonsteroidal anti-inflammatory medications) with caution as an option in the treatment of chronic pain including pain from osteoarthritis. Dosing with Etodolac includes the requested 400 mg two times per day. Therefore, the request is medically necessary.

Fluoroscopically-guided right knee superiolateral, superiomedial, inferiomedial geniculate nerve block: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation Knee and Leg Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p60.

Decision rationale: The claimant sustains a work injury in July 2014 and continued to be treated for low back, right shoulder, and right knee pain. When seen, pain was rated at 5/10. Physical examination findings included lumbar paraspinal muscle tenderness and decreased range of motion including pain with spinal extension. Straight leg raising was negative and there was a normal neurological examination. Imaging results are referenced as showing multilevel facet arthropathy and degenerative disc disease. There was right knee tenderness with decreased and painful range of motion. Prior treatments have included arthroscopic right knee surgery in 2013, physical therapy, and medications. Guidelines state that local anesthetic injections have been used to diagnose certain pain conditions that may arise out of occupational activities, or due to treatment for work injuries. Local anesthetic injections may be useful when differentiating pain due to compression of a nerve from other causes. In this case, the claimant has ongoing knee pain after knee surgery. Injury to the genicular nerve is a recognized potential complication and source of pain following this procedure. Therefore, the requested right genicular nerve block is medically necessary.

Fluoroscopically guided diagnostic bilateral L4-L5 and bilateral L5-S1 joint medical branch block: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation Knee and Leg Procedure Summary.

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-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant sustains a work injury in July 2014 and continued to be treated for low back, right shoulder, and right knee pain. When seen, pain was rated at 5/10. Physical examination findings included lumbar paraspinal muscle tenderness and decreased range of motion including pain with spinal extension. Straight leg raising was negative and there was a normal neurological examination. Imaging results are referenced as showing multilevel facet arthropathy and degenerative disc disease. There was right knee tenderness with decreased and painful range of motion. Prior treatments have included arthroscopic right knee surgery in 2013, physical therapy, and medications. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has non-radiating low back pain increased with spinal extension. Prior conservative treatments have been tried. The criteria are met and therefore the requested lumbar medial branch block procedure is medically necessary.