

Case Number:	CM13-0064952		
Date Assigned:	01/03/2014	Date of Injury:	10/03/2012
Decision Date:	05/16/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/12/2013

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 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:

This is a 40 year-old male who was injured on 10/3/12. He has been diagnosed with hand pain, paresthesia, radial nerve injury; acquired spondylolisthesis and low back pain. According to the 11/14/13 reprot from [REDACTED], the patient presents with hand pain and paresthesia, he also has low back pain that is more severe than it was in the last 2-weeks. The addendum report states the back pain is 8-1/2 of 10. [REDACTED] states the patient had a facet block and that 2-months of relief was not good enough for the carrier to approve another set of facet injections. He requests a medial branch block bilateral at L3, L4 and L5 levels, and if there is a positive response, will consider radiofrequency ablation. The 9/9/13 operative report (bilateral facet injections L4/5 and L5/S1 with IV sedation) was provided, showing 4/10 pain before the injection, going to 0/10. The injection was with bupivacaine and celestone, partially in the joint and partially at the medial branch. The follow-up report was on 9/17/13 states he has 75% improvement from the injection, but there was no VAS scale for comparison. The back pain was reported to have returned by 10/28/13, but there was no pain assessment provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE REQUEST FOR BILATERAL MEDIAL BRANCH BLOCK AT L3-L4 AND L5 WITH SEDATION UNDER FLUOROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-309. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The injection procedure on 9/9/13 was not diagnostic, as the patient was provided IV sedation, and Celestone was used, and there is no VAS scale to document duration and amount of pain relief. It is not known if it was a successful therapeutic injection, as ODG guidelines require at least 50% pain relief lasting at least 6-weeks. There is no indication how long the pain relief lasted, and no rationale for the current pain levels being over twice as high as what they were prior to the facet injection. The physician states that this request is to be another "diagnostic" injection. ODG guidelines state: "The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety." The request for a diagnostic MBB with sedation is not in accordance with ODG guidelines. ACOEM Guidelines state lumbar facet injections are not recommended and indicate lumbar radiofrequency ablations are also not supported. The request is not medically necessary and appropriate.