MAXIMUS Federal Services

Case Number:	CM14-0135212		
Date Assigned:	08/29/2014	Date of Injury:	05/26/2011
Decision Date:	10/03/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/22/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 49 year old male with a work injury dated 5/26/11. The diagnoses include lumbar spondylosis. Under consideration is a request for diagnostic left facet injection L4-5, L5-S1 under fluoroscopic guidance and conscious sedation and diagnostic right facet injection L4-5, L5-S1 under fluoroscopic guidance and conscious sedation.There is a pain clinic progress report dated 6/3/14. The patient gives a pain score today of 5/1 0 and describes the pain as sharp, dull, and turning. He feels that his symptoms are the same as they were last visit. Rest, physical therapy, home exercise program, activity modification and Norflex effectively manage his pain. Lifting more than 30 pounds can easily aggravate his back pain/spasm. On exam there is significant restriction in range of motion of the lumbar spine. He has moderate tenderness over the lumbar facets L4-5 and L5-S1 with 2-3+ muscle spasm.SLR is negative bilaterally. Lasegue's test is negative bilaterally. Facet provocation is positive bilaterally over these facet joints. Facet provocation causes moderate pain. Faber test is negative bilaterally.Deep tendon reflexes: R knee 1 +; l knee trace and R ankle +2; L ankle +1.No sensory motor deficits in the bilateral lower extremities. The patient does not have any radiological workup pertaining to the lumbar spine. The plan states a recommendation for x-ray, lumbosacral spine, AP, lateral and oblique lumbar spine flexion, extension and diagnostic facet injections bilateral L4-5 and L5-S 1 under fluoroscopic guidance and conscious sedation.Per documentation the patient was approved for diagnostic medial branch block at bilateral L4-L5 and L5-S1 on 02/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic left facet injection L4-5, L5-S1 under fluoroscopic guidance and conscious sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- Facet Joint Diagnostic Blocks (Injections)

Decision rationale: Diagnostic left facet injection L4-5, L5-S1 under fluoroscopic guidance and conscious sedation is not medically necessary per the MTUS and the ODG guidelines. The ACOEM MTUS Guidelines indicate that lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. The documentation indicates that the patient already has been authorized diagnostic medial branch block at bilateral L4-L5 and L5-S1 on 02/25/14 without any documentation of outcome. The ODG does not recommend another diagnostic block. The documentation is not clear that the patient has extreme anxiety requiring sedation. The request for a diagnostic left facet injection L4-5, L5-S1 under fluoroscopic guidance and conscious sedation is not medically necessary.

Diagnostic right facet injection L4-5, L5-S1 under fluoroscopic guidance and conscious sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- Facet Joint Diagnostic Blocks (Injections)

Decision rationale: Diagnostic right facet injection L4-5, L5-S1 under fluoroscopic guidance and conscious sedation is not medically necessary per the MTUS and the ODG guidelines. The ACOEM MTUS Guidelines indicate that lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic

block, and should only be given in cases of extreme anxiety. The documentation indicates that the patient already has been authorized diagnostic medial branch block at bilateral L4-L5 and L5-S1 on 02/25/14 without any documentation of outcome. The ODG does not recommend another diagnostic block. The documentation is not clear that the patient has extreme anxiety requiring sedation. The request for a diagnostic right facet injection L4-5, L5-S1 under fluoroscopic guidance and conscious sedation is not medically necessary.