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| Case Number: | CM14-0138447 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 09/14/2009 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 07/29/2014 |
| Priority: | Standard | Application Received: | 08/27/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 58 year old female with complaints of low back pain and knee pain. The date of injury is 9/14/09 and the mechanism of injury is impact injury when a box fell from a shelf above and landed on the patient's side of the leg leading to her current symptoms. At the time of request for Bilateral L3,L4,L5 Medial Branch Blocks, there is subjective (low back pain, knee pain) and objective (gait awkward/slow, restricted range of motion lumbar spine, hypertonicity/spasm and tenderness paraspinal musculature lumbar spine) findings, imaging findings (MRI left and right knee shows lateral and medial meniscal tears, MRI lumbar spine shows effacement of the thecal sac at L4-5,L5-S1), diagnoses (lumbar spondylosis without myelopathy, lumbar radiculopathy), and treatment to date (medications, rest, knee injections, knee surgery, request for lumbar epidural). Facet medial branch block injections are recommended for diagnostic purposes prior to facet radiofrequency neurotomy. The technique for MBB is (in this specific case) for L4-5 and L5-S1 to block the medial branches of the posterior rami at the levels L3,L4, and L5. Consideration is to also block S1 for completed coverage of the L5-S1 facet. The volume of injectate local anesthetic must be kept to 0.5cc as to prevent the spread of local anesthetic from anesthetizing adjacent nerves and hence confound the ability to identify the facet pain generator. Criteria for facet blocks include greater than 70% pain relief that last at least 2 hours for lidocaine. No more than 2 facet levels are injected in a single session. Radicular pain at the same level must be absent. Volume of injectate should be limited to 0.5cc or less. This should be reserved for back pain only with no radicular component. There should be documentation of failure of more conservative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3,L4, L5 Medial Branch Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back

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), Facet Joint Diagnostic Blocks (injections)

Decision rationale: Per ODG treatment decisions, Facet medial branch block injections are recommended for diagnostic purposes prior to facet radiofrequency neurotomy. The technique for MBB is (in this specific case) for L4-5 and L5-S1 to block the medial branches of the posterior rami at the levels L3,L4, and L5. Consideration is to also block S1 for completed coverage of the L5-S1 facet. The volume of injectate local anesthetic must be kept to 0.5cc as to prevent the spread of local anesthetic from anesthetizing adjacent nerves and hence confound the ability to identify the facet pain generator. Criteria for facet blocks include greater than 70% pain relief that last at least 2 hours for lidocaine. No more than 2 facet levels are injected in a single session. Radicular pain at the same level must be absent. Volume of injectate should be limited to 0.5cc or less. This should be reserved for back pain only with no radicular component. There should be documentation of failure of more conservative therapy. There should be a patient log document of the results of the procedure documenting VAS scores before and after, amount of pain relief from the pre-procedure baseline, and any pain medications that are taken during the post procedure period (or should document that the medications should/were held for that period of time). There should be a comprehensive plan with the intent to do facet neurotomy pending successful results from the facet diagnostic blocks and potentially more formal therapy or self directed therapy. As the documentation does not distinguish between back pain with a radicular component versus axial facet related pain, the requested diagnostic facet blocks L3,L4,L5 are not medically necessary.