

Case Number:	CM14-0152425		
Date Assigned:	10/31/2014	Date of Injury:	11/14/2012
Decision Date:	12/30/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/18/2014

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 62-year-old male with complaints of chronic low back pain. The date of injury is 11/14/12 and the mechanism of injury was that he tripped over the forks of a forklift and fell and injured his shoulder, neck, low back and right knee. At the time of request for IV sedation during bilateral lumbar facet joint injection at L5-S1 and L4-5 with fluoroscopic guidance, there is subjective findings which include 8.5/10 low back pain with radiation into both lower extremities and right knee; shoulder pain; numbness and tingling in feet. Low back pain with Percocet decreased to 5/10. Facet injection will be helpful to wean off his medications. The objective findings include minimal levo thoracic scoliosis, flexion of the lumbar spine limited to 45, extension 5 degrees and painful, lateral tilt to the right limited by 50% and to the left limited by 35%; range of motion of the hips limited in terms of internal rotation bilaterally with pain. Lumbar MRI dated 04/01/13 revealed degenerative disc disease and facet hypertrophy without other focal abnormalities. Urine drug screen as per the report of 08/01/14 was positive for opioids and Oxycodone. Current medications include Gabapentin, Norflex ER, Protonix, Percocet, Relafen and Docusate Sodium. The diagnoses are degeneration of lumbar or lumbosacral intervertebral disc. The treatment to date includes epidural injection and physical therapy (did not help), and pain medication with relief. No previous lumbar facet injection. Facet joint injection, L4-5, L5-S1 bilateral was denied on 04/01/14. IV (intravenous) sedation during bilateral lumbar facet joint injection at L5-S1 and L4-5 with fluoroscopic guidance was denied on 08/22/14 and 09/05/14. Bilateral lumbar facet joint injection L5-S1 and L4-L5 with fluoroscopic guidance was approved on 09/09/14. The request for IV (intravenous) sedation during bilateral lumbar facet joint injection at L5-S1 and L4-5 with fluoroscopic guidance was denied on 09/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

IV (intravenous) sedation during lumbar facet joint injection at L5-S1 and L4-L5 with fluoroscopic guidance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back, Facet Joint Intra-articular Injections (therapeutic blocks)

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 injections; Other Medical Treatment Guideline or Medical Evidence: Pain Physician 2009; 12:195-206- ISSN 1533-3159

Decision rationale: Per Official Disability Guidelines 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 L5-S1 to block the medial branches of the posterior rami at the levels L4, L5 as well as at the superior articular process at S1. 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. 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. The request is for intravenous sedation during facet injection which was approved. In review of MTUS, Official Disability Guidelines, and ACOEM, guidelines are all silent in regards to IV sedation during spinal injections. In review of the current literature, there is no significant evidence that sedation influences results or patient safety. As it is up to the discretion of the medical provider to perform the injections with or without sedation, the requested diagnostic facet blocks L4-5 and L5-S1 under IV sedation is medically necessary.