

Case Number:	CM14-0167326		
Date Assigned:	10/14/2014	Date of Injury:	07/24/2007
Decision Date:	11/18/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/10/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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:

67y/o female injured worker with date of injury 7/24/07 with related low back pain. Per progress report dated 9/22/14, the injured worker described pain 7-8/10 in intensity with a sharp quality that did not radiate. She had an acute onset of sharp, stabbing back pain which developed two weeks ago. There was no lower extremity weakness or pain. Per physical exam of the lumbar spine, tenderness to palpation was noted over the paraspinal musculature, range of motion was limited to 45 percent of normal in all planes due to pain. Straight leg raise was negative bilaterally. MRI of the lumbar spine dated 9/22/14 revealed solid fusion L4-L5 and L5-S1; progress disc degeneration at L2-L3 and L3-L4; no significant spinal stenosis. Treatment to date has included surgery, physical therapy, and medication management. The date of UR decision was 9/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet/medial branch block bilateral lumbar L2-L3 and L3-L4: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back; Facet joint diagnostic blocks (injections)

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, Facet Joint Diagnostic Blocks (injections)

Decision rationale: Per the ODG guidelines, facet joint medial branch blocks (therapeutic injections) are not recommended except as a diagnostic tool. Minimal evidence for treatment. The ODG indicates that criteria for facet joint diagnostic blocks (injections) are as follows: 1. one set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a "sedative" during the procedure. 8. 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. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005) 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. (Franklin, 2008)] Conservative care has been completed, the UR physician's focus on radiculopathy is not germane to the question as there is no diagnosis of radiculopathy at those levels. The request is medically necessary.