

Case Number:	CM14-0171997		
Date Assigned:	10/23/2014	Date of Injury:	09/03/2002
Decision Date:	11/21/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/17/2014

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 40 year old male with complaints of neck pain and low back pain. The date of injury is 9/3/02 and the mechanism of injury is not elicited. At the time of request for Medial branch blocks at bilateral L3-S1, there is subjective (low back pain, neck pain) and objective (antalgic gait favoring the left lower extremity, tenderness to palpation lumbar paraspinal musculature with restricted range of motion) findings, imaging/other findings (MRI lumbar spine dated 11/11/12 shows disc extrusion L3-4, moderate canal stenosis with effacement of the thecal sac, disc osteophyte complex at L4-5, disc displacement L5-S1, multilevel facet arthropathy throughout all levels), diagnoses (L3-S1 facet arthropathy, lumbar radiculopathy, L3-S1 central/foraminal stenosis, cervical pain), and treatment to date (weight loss surgery, physiotherapy, medications). Facet medial branch block injections are recommended for diagnostic purposes prior to facet radiofrequency neurotomy. The technique for MBB is to block the medial branches of the posterior rami above and at the level of the facet (each facet joint is innervated by the posterior rami nerve root above and at the level of the facet to be blocked i.e. L4-5 facet joint is innervated by L3 and L4 posterior rami). 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 (visual analog scale) 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch blocks (MBB) at bilateral L3-S1, quantity requested: 1.00: Overturned

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

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

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, L5 as well as at the superior articular process at S1 (each facet joint is innervated by the posterior rami nerve root above and at the level of the facet to be blocked i.e., L4-5 facet joint is innervated by L3 and L4 posterior rami). 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. Therefore, criteria seem to be appropriately met and the requested diagnostic facet blocks medial branches L3, L4, L5, and S1 are medically necessary.