

Case Number:	CM14-0178320		
Date Assigned:	10/31/2014	Date of Injury:	09/12/2012
Decision Date:	12/08/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/27/2014

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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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:

This 50-year-old man was a packer, when he claimed injury on 9/12/12 while pulling a pallet with a rope. The rope snapped, throwing him backwards. He states that he has chronic neck, back and shoulder pain. He has had multiple treatments, including acupuncture, chiropractic care, physical therapy, and medications, including Naproxen, Ultram, Flexeril. He had right shoulder arthroscopy in May 2014. His orthopedist notes constant back pain, 5/10 on VAS, with a diagnosis of lumbar DDD and radiculopathy (with positive straight leg raising noted on 7/29/14. MRI of the lumbar spine 2/19/13 showed mild lateral bulging of the disc annulus at L2-3 without any significant central or nerve root canal stenosis. There is no significant disc bulge, herniation, central or nerve root canal stenosis elsewhere. There was no significant facet joint arthropathy. On examination he has paravertebral muscle spasm and tenderness throughout the thoracic and lumbar region. He has tenderness over the L4-5 and L5-S1 facet areas bilaterally with decreased lumbar ROM. SLR is negative at the 9/5/14 physical medicine evaluation, and patella reflexes are normal. Sensory examination was normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Facet Block at level L4-L5 bilaterally at the medial branches QTY: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Work Loss Data Institute, Treatment in

Workers Compensation, 5th Edition, 2007, Low Back Lumbar & Thoracic (Acute & Chronic)
Facet joint medial branch blocks (therapeutic 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 Medial Branch Blocks; Facet Joint Diagnostic Blocks; Facet Joint Pain, Signs and Symptoms

Decision rationale: This is used as a diagnostic tool, not for treatment. Only one set is done in preparation for a rhizotomy. The MTUS does not outline how medical necessity is established, however. Criteria for use from ODG is the following: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 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. 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. Although the patient appears to have met criteria for having possible facet joint pain, he has not met the criteria for a facet block. Namely, #3 noted above. There is not documentation of the failure of conservative treatment, including home exercise and PT. He was prescribed Naproxen, albeit for shoulder pain, it did not impact his low back pain. He has had care, such as acupuncture and PT, but it was for his right shoulder pain, not the low back. Medical necessity for the facet diagnostic blocks has not been met, per the ODG criteria. The MTUS has no specific criteria for the blocks.

Diagnostic Facet Block at level L5-S1 bilaterally at the medial branches QTY 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Work Loss Data Institute, Treatment in Workers Compensation, 5th Edition, 2007, Low Back Lumbar & Thoracic (Acute & Chronic) Facet joint medial branch blocks (therapeutic 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 Medial Branch Blocks; Facet Joint Diagnostic Blocks; Facet Joint Pain, Signs and Symptoms

Decision rationale: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 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. 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. Although the patient appears to have met criteria for having possible facet joint pain, he has not met the criteria for a facet block. Namely, #3 noted above. There is not documentation of the failure of conservative treatment, including home exercise and PT. He was prescribed Naproxen, albeit for shoulder pain, it did not impact his low back pain. He has had care, such as acupuncture and PT, but it was for his right shoulder pain, not the low back. Medical necessity for the facet diagnostic blocks has not been met, per the ODG criteria. The MTUS has no specific criteria for the blocks.