

Case Number:	CM14-0180369		
Date Assigned:	11/05/2014	Date of Injury:	11/22/2004
Decision Date:	02/04/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/30/2014

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 Acupuncture and 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:

36y/o male injured worker with date of injury 11/22/04 with related low back pain. Per progress report dated 9/16/14, the injured worker complained of pain rated 8/10 in intensity. He stated that at the time he did not have any medicine. Per physical exam of the lumbosacral spine, there was significant tenderness over the L4-L5 and L5-S1 facet areas bilaterally. Facet loading was positive for pain in the lower lumbar region. Straight leg raise was negative. Sensation was intact in both lower extremities. MRI of the lumbar spine dated 6/7/14 documented that there were retrolisthesis 2mm at L5-S1, disc degeneration that was moderate at L5-S1, Schmorl's nodes that were moderate from L2-L3 through L4-L5 and reactive marrow edema that was mild at L5-S1. At L5-S1, there was mild left and mild to moderate right foraminal stenosis. Treatment to date has included physical therapy, acupuncture, and medication management. The date of UR decision was 10/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic facet block bilateral L4-5 and L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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, Facet Joint Diagnostic Blocks

Decision rationale: Per the ODG guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool, citing 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)] I respectfully disagree with the UR physician's assertion that the guidelines call for conservative treatment within 4-6 weeks of diagnostic block; they in fact call for failure of 4-6 weeks of conservative treatment. The request is medically necessary.