

Case Number:	CM14-0197724		
Date Assigned:	12/08/2014	Date of Injury:	12/19/2013
Decision Date:	12/04/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 65 year old male who sustained an industrial injury on December 19, 2013. The worker is being treated for: lumbar facet mediated pain; lumbar strain; gluteus medius tendinosis; chronic pain syndrome, and diffuse regional myofascial pain; left hip femoroacetalbular impingement. Subjective: September 15, 2014, low back, bilateral buttock and bilateral hip pain. The pain is worse on the left side. He has not been able to return to work. The pain is "somewhat better, but still characterizes it as "dull." May 09, 2014, left hip, buttock and lumbar spine pain. Objective: September 15, 2014, mild thoracolumbar scoliosis, without shifts; flattening of lumbar lordotic curve and a left antalgic gait. Diagnostic: MRI of both hips and lumbar spine. Medication: September 15, 2014 refilled Ibuprofen and Norco. June 20, 2014: Motrin, Norco, and Flexeril. Treatment: pending authorization for diagnostic bilateral lumbar branch block; activity modification, medications, exercise, prior hip injection administered February 07, 2014 that offered "some reduction at pain." On November 07, 2014 a request was made for a medial branch nerve block at L3-4 which was noncertified by Utilization Review on November 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 medial branch nerve block at L3-L4: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 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)]The documentation submitted for review indicates that the injured worker does not suffer from radiculopathy per clinical findings. A surgical procedure was not anticipated. I respectfully disagree with the UR physician's denial based upon a lack of specified laterality of the request, per the medical records, the request is for bilateral diagnostic lumbar medial branch block. The laterality is specified in the note, just not the request for authorization. As the above cited criteria is met, the request is medically necessary.