

Case Number:	CM14-0201874		
Date Assigned:	12/12/2014	Date of Injury:	12/26/2002
Decision Date:	03/04/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/02/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 is a female patient with an injury date of 12/26/2002 described as getting hand caught into punch press machine; fell from height onto back and exposed to asbestos 25 years prior. A physician visit dated 10/23/2014 showed the patient undergoing initial psychological evaluation and noted with recommendation for initial evaluation at a functional restoration program if she doesn't respond to direct medical or surgical intervention. A request for services was made on 11/04/2014 asking for bilateral lumbar facet joint injections at L4-L5 performed under fluoroscopy and sedation. The Utilization Review denied the request as not meeting medical necessity requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar facet joint injection L4-L5 under fluoroscopic guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Complaints,,Chronic Pain Treatment Guidelines Lumbar & Thoracic (Acute

& Chronic), Facet joint diagnostic blocks (injections). Decision based on Non-MTUS Citation Up to Date, Subacute and chronic low back pain: Nonsurgical interventional treatment

Decision rationale: MTUS is silent regarding medial branch diagnostic blocks. ODG recommends Criteria for the use of diagnostic blocks for facet mediated pain: 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. (Resnick, 2005)11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level.ACOEM Guidelines, Chapter 12, Low Back, page 300 states, "Invasive techniques e.g. facet joint injections with cortisone and lidocaine are of questionable merit." ODG Guidelines/Treatment in Workman's Compensation/Low Back does not recommend invasive pain management when the patient has radicular symptoms. This patient does report radicular symptoms in the low back. As such, the bilateral lumbar facet joint injection at L4-L5 under fluoroscopy with IV sedation is not medically necessary.