

Case Number:	CM14-0034638		
Date Assigned:	07/25/2014	Date of Injury:	03/26/2008
Decision Date:	04/15/2015	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/20/2014

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 male patient, who sustained an industrial injury on 03/26/2008. An orthopedic follow up visit dated 02/07/2014 reported subjective complaint of low back pain. The pain is accompanied with intermittent radiculitis, which is worsened with extending backwards. Imaging performed on 12/22/2013 showed some borderline lateral recess stenosis at L4-5 secondary to facet arthropathy. A L5-S1 there is a severely narrowed disc space with a grade I anterolisthesis secondary to chronic bilateral L5 spondylosis. There is also some moderate bilateral L5 foraminal narrowing; some facet arthrosis as well. The impression noted isthmic spondylosis L5-S1 with bilateral foraminal stenosis and radiculopathy; facet arthrosis L4-5 and L5-s, and chronic pain syndrome. A request was made for medial branch block at L3-4, L4-5, and L5-S1. On 03/04/2014, Utilization Review, non-certified the request, noting the ODG, Low Back Chapter, Facet Joint Pain was cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4, L4-5, L5-S1 medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, and Facet joint pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections) and Other Medical Treatment Guidelines 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 two 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. Medical records indicate radicular back pain, which is against the recommendations. ACOEM additionally states, "Does not recommend Diagnostic Blocks." Similarly, Up to Date states "Facet joint injection and medial branch block - Glucocorticoid injections into the facet joint have not been shown to be effective in the treatment of low back pain. A 2009 American Pain Society guideline recommends against their use." As such, the request for L3-4, L4-5, and L5-S1 Medial Branch Block is not medically necessary.