

Case Number:	CM15-0003111		
Date Assigned:	01/14/2015	Date of Injury:	02/06/2013
Decision Date:	03/16/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/07/2015

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: Arizona, Michigan
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 49 year old male, who sustained an industrial injury on February 6, 2013. He has reported lumbar spine pain. The diagnoses have included lumbar disc disease, lumbar facet syndrome, status post open reduction and internal fixation of the left hip, left knee sprain/strain, and left ankle sprain/strain. Treatment to date has included medications, radiological imaging, physical therapy, chiropractic treatment, rest, and a home exercise program. Currently, the IW complains of back pain with radiation to the left thigh and down to the ankle, and weakness. On December 4, 2014, he complains of continued lumbar spine pain, which is rated 7 out of 10 on a pain scale. He reports left hip pain in addition, which he has rated 7 out of 10 on a pain scale. He reported having a surgery after the accident. On physical examination he is found to have tenderness of the lumbar area, positive Kemp's test, positive seated straight leg raise testing and positive Farfan test. It is noted that he also has, tenderness of the left hip, which shows a well healed surgical scar. On December 29, 2014, Utilization Review non-certified bilateral L4-L5 and L5-S1 medial branch block, based on ACOEM, MTUS, and ODG guidelines. On January 7, 2015, the injured worker submitted an application for IMR for review of bilateral L4-L5 and L5-S1 medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 and L5-S1 Medial Branch Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Facet joint diagnostic blocks (injections)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287--315, (Physical Methods page 300).. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic)

Decision rationale: Per the MTUS, ACOEM low back chapter on physical methods, invasive techniques like local injections and facet- joint injections of cortisone and lidocaine are of questionable merit. Per the ODG Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. 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. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. (Franklin, 2008)] A review of the injured workers medical records reveal that he has radicular symptoms and well as objective clinical findings which is a contraindication to the use of facet-joint /medial branch blocks, therefore based on his clinical presentation and the guidelines the request for Bilateral L4-L5 and L5-S1 Medial Branch Block is not medically necessary.