

Case Number:	CM15-0008324		
Date Assigned:	01/26/2015	Date of Injury:	03/27/2013
Decision Date:	03/12/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/14/2015

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 35 year old male who sustained an industrial injury on 3/27/2013. He has reported neck injury. The diagnoses have included lumbosacral spondylosis, lumbago, lumbosacral neuritis and cervical spondylosis. Treatment to date has included acupuncture, physical therapy, TENS (transcutaneous electrical nerve stimulation), chiropractic care, home exercises and medication management. Currently, the IW complains of low back pain that radiates down the left leg. Treatment plan included bilateral lumbar medial branch block at lumbar 3-5. On 12/15/2014, Utilization Review non-certified review of bilateral lumbar medial branch block at lumbar 3-5, noting the lack of medical necessity. The MTUS, ACOEM and Official Disability Guidelines were cited. On 1/12/2015, the injured worker submitted an application for IMR for bilateral lumbar medial branch block at lumbar 3-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient bilateral lumbar medial branch block at L3, L4 and L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Low back

Decision rationale: 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. In this instance, the injured worker has had left low back pain that has intermittently radiated down the left leg with associated numbness and tingling. The lower extremity neurologic exam had been normal until 10-31-2014 when it was discovered that the injured worker had diminished sensation in the region of the left L5 and S1 dermatomes. On this day the radicular symptoms were reported as 'new' but a review of the medical record shows the same symptoms to have been intermittently present. Because of the subjective and objective radiculopathy findings, outpatient bilateral lumbar medial branch blocks at L3, L4 and L5 are not medically necessary.