

Case Number:	CM15-0008528		
Date Assigned:	01/26/2015	Date of Injury:	03/19/2014
Decision Date:	03/23/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/15/2015

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: 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 53 year old male, who sustained an industrial injury on March 19, 2014. He has reported an umbilical hernia, pain to his hands, low back and knees. The diagnoses have included sprain of the thoracic region, sprain of the lumbar region and dysfunction of the thoracic region. Treatment to date has included pain medication, physical therapy, chiropractic therapy and steroid injections. Currently, the injured worker complains of abdominal hernia pain and swelling, pain in the low back exhibited as acute distress and left knee pain. The injured worker has tenderness and a limited range of motion. Sensory was intact and the left knee has limited range of motion and mild edema. The injured worker ambulated with a cane. On January 13, 2015 Utilization Review non-certified a request for bilateral medial branch block of L4-5 and L5-S1 under fluoroscopic guidance, noting that there was no indication of facet tenderness with palpation. The Official Disability Guidelines were cited. On January 15, 2015, the injured worker submitted an application for IMR for review of bilateral medial branch block of L4-5 and L5-S1 under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Bilateral Medial Branch Block at L4-5 and L5-S1 Under Fluoroscopic Guidance to The Low Back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

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)] I respectfully disagree with the UR physician's denial based upon clinical findings of facet tenderness with palpation. Per the UR physician's cited guidelines, this is only a suggested indicator of pain related to facet joint pathology and not a criteria for medial branch block. The request is medically necessary.