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| Case Number: | CM15-0108586 | | |
| Date Assigned: | 06/15/2015 | Date of Injury: | 03/27/2013 |
| Decision Date: | 07/14/2015 | UR Denial Date: | 05/06/2015 |
| Priority: | Standard | Application Received: | 06/05/2015 |

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, California
 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 (IW) is a 59 year old male who sustained an industrial injury on 03/27/2013. He reported injury to the low back, thoracic spine, neck, buttocks, left elbow, left hip, left shoulder and temporomandibular joint dysfunction. The injured worker was diagnosed as having cervicalgia, and left lumbar facet arthropathy. Treatment to date has included medications, physical therapy, chiropractic treatment and lumbar spinal injections x 2. Currently, the injured worker complains of low back pain that is an aching with stabbing and pins and needles sensation. He has burning pain in bilateral thighs. The pain has been constant and present for two years. The pain rating is at average a 7/10, at worst a 9/10, and with pain medications a 5/10. The worker has been taking Naproxen, but stopped it due to stomach upset. On examination, there is no tenderness in the cervical spine, and it has full range of motion. Neural foraminal compression test is negative bilaterally. The thoracic spine is negative for tenderness, the lumbar spine has tenderness on the left L4-5, L5-S1 facet region, and he has sacroiliac tenderness on the left side. Sciatic notch tenderness is negative. He has slightly increased pain and facet loading with lumbar extension. Naproxen has been stopped due to gastric upset. The plan of care includes a trial of facet injections. A request for authorization is made for: Trial of Facet Injection for Diagnostic and Therapeutic Purpose at L4-5 and L5-S1 Bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Facet Injection for Diagnostic and Therapeutic Purpose at L4-5 and L5-S1 Bilaterally: Overturned

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 (Online Version), Facet joint injections, multiple series.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- low back pain and pg 36.

Decision rationale: According to the guidelines, 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. In this case, the claimant had no clinical or imaging findings of radiculopathy. The claimant had failed prior conservative treatment and had persistent pain. The prior ESI had failed likely due to lack of radiculopathy. The request a facet block is appropriate and medically necessary.