

Case Number:	CM15-0019133		
Date Assigned:	02/09/2015	Date of Injury:	09/22/2004
Decision Date:	04/06/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/02/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 45-year-old female who reported injury on 09/22/2004. The mechanism of injury was: the injured worker rose from a chair and hurt her back. The injured worker underwent a right L3-4 discectomy and right L4-5 laminectomy/medial facetectomy on 12/05/2006. The injured worker's prior treatments included an epidural steroid injection, a TENS unit and physical therapy, acupuncture and modified duty. The diagnostic studies included a lumbar MRI and an EMG/NCS of the left lower extremity. There was Request for Authorization submitted for review dated 01/14/2015. The documentation of 01/06/2015 revealed the injured worker had low back pain with radiation into the bilateral thighs and legs. The medications included clonidine, Zoloft, glipizide, Excedrin migraine, Ambien, Invokana and Benadryl. Physical examination revealed the injured worker had limited range of motion. The injured worker's strength was 5/5. The injured worker had a negative straight leg raise. The injured worker had tenderness to palpation of the bilateral L4-5 and L5-S1 lumbar facet joints and paraspinal musculature. There was tenderness to palpation over the bilateral greater trochanter. Sensation was intact to pinprick and light touch. The diagnoses included status post lumbar laminectomy, trochanteric bursitis and lumbar spondylosis. The treatment plan included facet injections under IV sedation. The physician documented the injured worker had a clinical presentation consistent with lumbar facet pain, had low back pain that was nonradicular and at no more than 2 levels bilaterally, had failed conservative treatment, including home exercise, PT and NSAIDs prior to the procedure for at least 4 to 6 weeks and had pain over no more than 2 facet joint levels. A surgical procedure was not anticipated and the injured worker did not have a

previous fusion procedure at the planned injection level. The physician opined that diagnostic medial branch nerve injections were medically necessary to determine the origin of the pain and as a possible bridge to a radiofrequency neurotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Joint Diagnostic Injections at Bilateral L4-5 Qty 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic blocks (injections) Facet joint medial branch blocks (therapeutic injections), Facet Joint Pain, Signs & Symptoms.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate that a facet neurotomy (rhizotomy) should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As the American College of Occupational and Environmental Medicine does not address specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate that a medial branch block is not recommended, except as a diagnostic tool. Minimal evidence for treatment. The criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain, which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee and a normal straight leg raise exam. There should be documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDS prior to the procedure for at least 4 to 6 weeks, and no more than 2 facet joint levels should be injected in 1 session. Additionally, 1 set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally, and they recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). The clinical documentation submitted for review indicated the injured worker met the above criteria. However, there was a lack of documentation indicating a necessity for a quantity of 2 injections. Given the above, the request for facet joint diagnostic injections at bilateral L4-5 qty 2 is not medically necessary.

Facet Joint Injections At Bilateral L5-S1 Qty 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low

Back Chapter, Facet joint diagnostic blocks (injections) Facet joint medial branch blocks (therapeutic injections), Facet Joint Pain, Signs & Symptoms.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate that a facet neurotomy (rhizotomy) should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As the American College of Occupational and Environmental Medicine does not address specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate that a medial branch block is not recommended, except as a diagnostic tool. Minimal evidence for treatment. The criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain, which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee and a normal straight leg raise exam. There should be documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDS prior to the procedure for at least 4 to 6 weeks, and no more than 2 facet joint levels should be injected in 1 session. Additionally, 1 set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally, and they recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). The clinical documentation submitted for review indicated the injured worker met the above criteria. However, there was a lack of documentation indicating a necessity for a quantity of 2 injections. Given the above, the request for facet joint injections at bilateral L5-S1 qty 2 is not medically necessary.

IV Sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Official Disability Guidelines indicate the use of IV sedation may be grounds to negate the results of a diagnostic block and should only be given in cases of extreme anxiety. The clinical documentation submitted for review failed to indicate the injured worker had a case of extreme anxiety. As such, this request would not be supported. Given the above, the request of IV sedation is not medically necessary.