

<b>Case Number:</b>	CM15-0133122		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	04/05/2013
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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 29-year-old male, who sustained an industrial injury on 4/05/2013. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar facet joint pain (L1-2, L2-3, L3-4), right L4 radiculopathy, positive diagnostic right L3-4, L4-5, and L5-S1 facet joint medial branch block, L4-5 disc protrusion measuring 1mm, L4-5 right posterolateral disc protrusion measuring 3mm, L4-5 right neural foraminal stenosis, lumbar facet joint pain at right L3-5, lumbar facet joint arthropathy, lumbar sprain-strain, lumbar disc protrusion, lumbar degenerative disc disease, cervical sprain-strain, right knee sprain-strain, right knee pain, and post-concussive syndrome. Treatment to date has included diagnostics, injections, physical therapy, and medications. On 5/27/2015, the injured worker complains of bilateral low back pain, right greater than left, and bilateral lower cervical pain. Pain was exacerbated by prolonged sitting, lifting, and lying down, and was mitigated by stretching. Current medications were documented as "none". Exam noted tenderness to palpation of the lumbar paraspinal muscles, overlying the bilateral L1-2, L2-3, and L3-4 facet joints. Lumbar extension was more painful than flexion. Lumbar range of motion was within normal limits. Muscle strength was 5/5, except 4+/5 in the right quadriceps and right tibialis anterior. He was currently working full time, full duty. The treatment plan included diagnostic left L1-2 and L3-4 facet joint medial branch block, fluoroscopically guided. It was documented that previous diagnostic right L3-4, right L4-5, and right L5-S1 facet joint medial branch block provided 80% improvement.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Left L1-L2 and Left L3-L4 facet joint medial branch block fluoroscopically guided diagnostic:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint diagnostic blocks (injections).

**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 the assertion that there is an absence of physical exam findings noting facet mediated pain, per the citation above, this is not a mandated criteria. Per progress note dated 7/20/15, it was noted that the injured worker's prior fluroscopically-guided diagnostic right L3-L4, right L4-L5 and right L5-S1 facet joint medial branch blocks provided 80% improvement. The request is medically necessary.