

Case Number:	CM15-0138487		
Date Assigned:	07/28/2015	Date of Injury:	07/16/2013
Decision Date:	08/25/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/16/2015

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: Massachusetts

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 48-year-old male patient who sustained an industrial injury on 07/16/2013. The patient was employed as an aircraft mechanic changing and lifting heavy brakes with a co-worker and was subsequently injured. A radiography study done on 12/03/2014 showed the left lateral list of the lumbar spine which may be positional or reflect lumbar instability. An initial orthopedic consultation reported prior treatment to include: modified work duty, chiropractic treatment, physical therapy, injections, and oral medications. There was an initial surgical consultation with recommendation for decompression and fusion. Thereafter, he did receive a second opinion that suggested decompression only. The treating diagnoses were: degenerative grade I posterior listhesis of L5-S1; disc dessication at L1-2, L3-4 through L5-S1 with associated loss of disc height; schmorl's nodes at T12-L1 through L5-S1; Modic type II end plate degenerative changes at L4-5 and L5-S1; annular fissure at L3-4; straightening of the lumbar lordotic curvature; L1-2 broad-based disc herniation indenting the thecal sac causing stenosis of the bilateral lateral recess with contact on the bilateral L2 transiting nerve roots; concurrent hypertrophy of bilateral facets and ligamentum flavum, and L2-3 broad-based disc herniation with left side preponderance indenting the thecal sac which causes stenosis of the left lateral recess and contact on the left L3 transiting nerve roots; L3-4 diffuse discs herniation causing stenosis of the spinal canal and the bilateral recess and deviation of nerve roots.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Medial Branch Block at L3, L4, and L5 under IV Sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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-Lumbar & Thoracic (Acute & Chronic), Lumbar Diagnostic facet joint blocks (injections) and Other Medical Treatment Guidelines Statement on Anesthetic Care during Interventional Pain Procedures for Adults. Committee of Origin: Pain Medicine (Approved by the ASA House of Delegates on October 22, 2005 and last amended on October 20, 2010).

Decision rationale: The claimant sustained a work injury in July 2013 and is being treated for chronic back pain. On 04/30/15, he underwent a 3 level bilateral lumbar intra-articular facet injection procedure. When seen, there had been up to 90% pain relief lasting for three weeks with improved mobility and tolerance for sitting and standing. Over the previous week, his back pain had returned and was rated at 6/10. There was lumbar paraspinal muscle tenderness with trigger points and decreased range of motion. Facet loading was positive. There was back pain with straight leg raising. There was a normal neurological examination. The claimant's BMI was nearly 28. Guidelines recommend that no more than one set of medial branch diagnostic injections be performed prior to facet neurotomy. A positive response to a diagnostic block includes a response of at least 70% pain relief lasting at least 2 hours for Lidocaine. In this case, the claimant has already undergone a positive diagnostic block. However, three levels were treated bilaterally and guidelines recommend treatment of only up to two levels. The claimant therefore cannot proceed to medial branch radiofrequency ablation treatment without a second two-level only block, which is now being requested. However, sedation is also being requested for the procedure. In this case, there is no documentation of a medically necessary reason for monitored anesthesia during the procedure performed. There is no history of movement disorder or poorly controlled spasticity such as might occur due to either a spinal cord injury or stroke. There is no history of severe panic attacks or poor response to prior injections. There is no indication for the use of IV sedation and this request is therefore not medically necessary for this reason.