

Case Number:	CM15-0142224		
Date Assigned:	08/03/2015	Date of Injury:	12/26/2005
Decision Date:	08/28/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/22/2015

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 41 year old male who sustained a work related injury December 26, 2005. Past history included L5-S1 fusion in 2007 and hardware removal in 2008, methamphetamine abuse, clean since 1991. According to a physician's change of condition report, dated June 16, 2015, the injured worker presented with increased low back pain, rated 8-9 out of 10 without medication, with a 50% decrease in range of motion. Current medication included Ambien, ibuprofen, Percocet, Nortriptyline, Norco, Methocarbamol, Soma, and Flector patch. Physical examination revealed tenderness to palpation of the lumbar paraspinal muscles overlying the bilateral L2- L5 facet joints, left worse than right. Lumbar range of motion was restricted by pain in all directions. Lumbar facet joint and sacroiliac joint provocative maneuvers were positive; Patrick's and Gaensien's were positive bilaterally. Lumbar extension was more painful than lumbar flexion. Nerve root tension signs were negative bilaterally. Clonus, Babinski's and Hoffman's signs were absent bilaterally, lumbar muscle spasms present and muscle strength 5 out of 5 in all limbs. Diagnoses are lumbar facet arthropathy; status post bilateral sacroiliac joint radiofrequency nerve ablation; status post bilateral L3-4 and L4-5 facet joint radiofrequency nerve ablation; lumbar post-laminectomy syndrome; lumbar central disc protrusion; lumbar degenerative disc disease and stenosis. At issue, is the request for authorization for fluoroscopically guided diagnostic facet joint medial branch block to bilateral L4-L5 and L5-S1 with moderate sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided diagnostic facet joint medial branch block to bilateral L4-L5 and L5-S1 with moderate sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Criteria for the use of diagnostic blocks for facet "mediated" pain.

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), 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 has a remote history of a work injury occurring in December 2005. Treatments have included a lumbar spine fusion at L5-S1 in 2007 with hardware removal in July 2008. Testing has included a CT scan of the lumbar spine in May 2008 with findings of a likely solid fusion. Subsequent Interventional treatments have included bilateral L3-4 and L4-5 facet joint radiofrequency ablation. When seen, he was having increasing low back pain. There was multilevel lumbar spine paraspinal muscle and facet joint tenderness. There was decreased lumbar spine range of motion. Facet and sacroiliac joint testing was positive bilaterally. There was a normal neurological examination. Authorization was requested for bilateral L4-5 and L5-S1 facet blocks. In terms of facet blocks, guidelines indicate that diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, the claimant has a history of an L5-S1 fusion without evidence of pseudarthrosis or fusion failure and the L5-S1 facet joints are to be included in the planned procedure. The request is not medically necessary. Moderate sedation is also being requested for the procedure. There is no indication for the use of sedation and this request is not medically necessary for this reason as well.