

Case Number:	CM15-0143393		
Date Assigned:	08/04/2015	Date of Injury:	03/13/2000
Decision Date:	09/01/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/23/2015

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 is a 68 year old female, who sustained an industrial injury on March 13, 2000, incurring upper and lower back, shoulder, right knee and right ankle injuries. She was diagnosed with cervical and lumbar disc disease, with cord impingement, bilateral rotator cuff impingement syndrome, right knee meniscal tear, severe degenerative joint disease of the right knee and degenerative joint disease of the right ankle. Treatment included physical therapy, acupuncture, pain medications, surgical interventions and activity restrictions. Currently, the injured worker complained of constant, aching low back pain radiating in to the left thigh. Her pain was increased with walking and standing. The injured worker complained of mid back pain radiating to the right flank area. Thoracic Magnetic Resonance Imaging revealed a herniated disc. Lumbar Magnetic Resonance Imaging showed disc protrusions with impingement on the nerves. The treatment plan that was requested for authorization included a retrospective request for lumbar spine facet joint injection with sedation on May 15, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Lumbar spine facet joint injection at L3-L4 with sedation, provided on Mary 15, 2015: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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) 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) In this case, the claimant had radicular symptoms and findings at L5-S1. There was however, non-radicular pain at L3-L4 that persisted despite conservative treatment. The request for the L5-S1 block is medically necessary and appropriate.