

Case Number:	CM15-0148495		
Date Assigned:	08/11/2015	Date of Injury:	06/10/2013
Decision Date:	09/08/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	07/30/2015

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 31 year old female, who sustained an industrial injury on June 10, 2013, incurring low back injuries. Magnetic Resonance Imaging of the lumbar spine revealed degenerative disc disease and facet arthritis. She was diagnosed with lumbago, lumbar spondylosis, lumbar radiculopathy and myofascial pain syndrome. Treatment included chiropractic sessions, physical therapy, epidural steroid injection, pain medications, anti-inflammatory drugs and activity restrictions. Currently, the injured worker complained of persistent low back pain radiating down the right lower extremity. The frequency was constant, aching, burning and stabbing pain. She noted increased pain with walking, bending, lifting, sitting and lying down. Her range of motion was limited for flexion and extension and muscle strength was reduced. The treatment plan that was requested for authorization included bilateral lumbosacral medial branch nerve injection under intravenous sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4, L5, S1 Medial Branch Nerve Injection under IV Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/23615892>.

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 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 completed prior ESI injections, which would be provided for cases of radiculopathy. The MBB is not indicated for those with radiculopathy. The claimant does not have radicular findings on MRI or exam but the diagnosis of radiculopathy is noted. In addition, invasive procedures are not recommended due to their short-term benefit. Based in the above and inconsistencies in documentation, the MBB is not medically necessary.