

Case Number:	CM15-0149962		
Date Assigned:	08/13/2015	Date of Injury:	05/04/2000
Decision Date:	09/10/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/03/2015

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:

This injured worker is a 72 year old male who reported an industrial injury on 5-4-2000. His diagnoses, and or impression, were noted to include: symptomatic lumbar spine degenerative disc disease and pain; symptomatic spondylosis without myelopathy; and lumbar symptomatic lumbar spinal stenosis. No current imaging studies of the lumbar spine were noted. His treatments were noted to include: diagnostic imaging studies of the lumbar spine (4-2014); injection therapy; and medication management. The progress notes of 7-15-2015 reported a follow-up visit, status-post bilateral lumbar medial branch block and dorsal primary block on 6-11-2015, with noted improvement in pain from a 4 to a 0, with complete relief x 3 hours and continued relief the next day, before his pain returned on the 2nd day. His pain was reported to be constant, aggravated by activities, and relieved by medications. Objective findings were noted to include: healed injection site; lower back pain with hyper-extension and lateral flexion; tenderness over the bilateral lower facets and bilateral lumbosacral para-spinal muscles; and normal lumbar range-of-motion. The physician's requests for treatments were noted to include diagnostic, repeat bilateral lumbar medial branch block and dorsal primary ramus block injections to help determine his next course of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar injections ((B) L4 MBB and L5 dorsal primary Ramus blocks) under IV sedation/fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

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 has a remote history of a work injury occurring in May 2000 and is being treated for low back pain. He underwent bilateral lumbar medial branch blocks in June 2015 with bupivacaine with decreased pain from 4/10 to 0/10 with complete relief lasting into the next day. He had been able to decrease Norco. When seen, his BMI was over 33. There was lower lumbar facet tenderness. He had decreased and painful lumbar spine range of motion. There was paraspinal muscle tenderness. Straight leg raising was negative. There was normal strength and sensation. Now being requested is authorization for a second set of diagnostic blocks using lidocaine. Moderate sedation is also being requested. Although the use of a confirmatory block is not currently being recommended, the rationale for this is related to cost. However, given the high cost of medial branch radiofrequency ablation, known rate of false positive diagnostic blocks, and the neuro destructive nature of the ablation procedure, if requested, a confirmatory block procedure should be considered for coverage. Performing an unnecessary radiofrequency ablation treatment not only places the individual at increased risk for nerve injury but also could potentially lead to unnecessary and costly repeat procedures. In this case, the claimant's response to the injections done with bupivacaine is unexpected. He had complete pain relief lasting for more than the duration of the anesthetic. A repeat block procedure with lidocaine is appropriate and medically necessary. However, in this case, moderate sedation is also being requested. There is no documentation of a medically necessary reason for monitored anesthesia during the procedure being requested. 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 sedation and this request is not medically necessary.