

Case Number:	CM15-0160645		
Date Assigned:	08/27/2015	Date of Injury:	05/17/2013
Decision Date:	09/29/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/17/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 35 year old male, who sustained an industrial injury on 05-17-2013. He has reported injury to the low back. The diagnoses have included lumbar sprain-strain; chronic radicular low back pain; lumbar discogenic pain; lumbar facet arthropathy; and left lumbar radiculitis. Treatment to date has included medications, diagnostics, ice, bilateral L3-L4 dorsal median branch block, acupuncture, chiropractic therapy, and physical therapy. Medications have included Motrin, Vicodin, Flexeril, Tramadol, Cymbalta, Prozac, Lidoderm Patch, and Mobic. A progress note from the treating physician, dated 07-31-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant low back pain; the pain is across the back but much more left-sided, and radiates to the lateral left leg and sometimes the left groin with numbness and tingling and weakness; the pain is rated at 7 out of 10 in intensity without medication, coming down to about 5 out of 10 with anti-inflammatory; the pain is much a worse with sitting, standing, and bending; the pain is decreased with stretching and swimming; he is having significant difficulty sleeping at night secondary to pain; he gets muscle spasms at night; several physical therapy sessions were not beneficial; chiropractic sessions actually increased the pain; he had no benefit from acupuncture; and the median branch block gave him over 50% relief for several hours. Objective findings included he is alert and awake; in no acute distress; he is tender in the lower lumbar paraspinal muscles; he is significantly tender in the facets, L4 through S1 on the left; range of motion is decreased on flexion and extension; he has more pain with extension; sensation is decreased in the left lateral leg in an L5 distribution; strength is 5- out of 5 on the left quadriceps and left dorsiflexion of the

big toe; Patrick's causes low back pain; straight leg raising on the left causes pain to the left buttock; and gait is mildly antalgic. The treatment plan has included the request for left L4-L5 and L5-S1 facet injection with conscious sedation and fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 and L5-S1 facet injection with conscious sedation and fluoroscopic guidance:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet joint diagnostic blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Epidural steroid injection Low back section, Facet joint injection.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, left L4 - L5 and L5-S1 facet injection with conscious sedation and fluoroscopic guidance is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, non-steroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; one set a diagnostic medial branch blocks is required with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally an documentation of failed conservative treatment (including home exercise, PT an non-steroidal anti-inflammatory drugs) prior the procedure for at least 46 weeks etc. There is no evidence-based literature to make a firm recommendation as to sedation during the SI. The use of sedation introduces potential diagnostic and safety issues making it unnecessary than ideal. A major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthasias associated with spinal cord irritation. Routine use is not recommended except for patients with anxiety. The general agent recommended is a benzodiazepine. While sedation is not recommended for facet injections (especially with opiates) because it may alter the anesthetic diagnostic response, sedation is not generally necessary for an epidural steroid injection is not contraindicated. As far as monitored anesthesia administered by someone besides the surgeon, there should be evidence of a pre-anesthetic exam and evaluation, prescription of anesthesia care, completion of the record, administration of medication and provision of postoperative care. In this case, the injured worker's working diagnoses are chronic low back pain; discogenic low back pain; and lumbar facet arthropathy. Date of injury is May 17, 2013. Request for authorization is August 4, 2015. According to a July 31, 2015 progress note, the injured worker has ongoing low back pain that radiates to the lateral leg. The worker received acupuncture, but provided no benefit. An MRI of the lumbar spine showed protrusion of the discs with facet arthropathy. The

median branch block was provided at L3 - L4 that provided 50% pain relief for several hours. The guidelines do not recommend sedation for facet injections. The treating provider has requested conscious sedation (monitored sedation) with the procedure. There is no documentation of a pre-anesthetic examination and evaluation, prescription of anesthesia care in the medical record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, a prior facet joint injection and L3 - L4 that provided 50% pain relief for several hours (an inadequate response), and guideline non-recommendations for sedation in the absence of compelling clinical documentation, left L4 - L5 and L5 - S1 facet injection with conscious sedation and fluoroscopic guidance is not medically necessary.