

Case Number:	CM15-0162876		
Date Assigned:	08/31/2015	Date of Injury:	03/06/2014
Decision Date:	10/05/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/19/2015

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, District of Columbia, Maryland

Certification(s)/Specialty: Anesthesiology, 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 60 year old male who sustained an industrial injury on 3-6-14 when he lifted a large piece of glass to a tabletop pulling his shoulder, twisting his knee and injuring his low back. He currently complains of occasional bouts of sever sharp low back pain with specific movements with a pain level of 6 out of 10 with medication and 9 out of 10 without medications; left knee pain; left shoulder pain. On physical exam of the left shoulder there was decreased range of motion, positive impingement sign on the left shoulder; low back shows tenderness over the lumbar paraspinal musculature, pain with range of motion and lumbar facet loading. Medications were Norco, Relafen, and Prilosec. Diagnoses include persistent left knee pain, status post left knee surgery (10-2014); chronic low back pain and left thigh pain. Treatments to date include medications which he uses sparingly to allow him to do activities for longer periods; physical therapy for the low back and left knee and has improved his walking distance; acupuncture for back and leg. Diagnostics include x-ray of the left shoulder (8-4-15) unremarkable; Lumbar spine x-ray (8-4-15) mild disc space narrowing; left knee x-ray (8-4-15) mild medial joint compartment narrowing and mild tricompartmental spurring; MRI of the low back showing some facet arthrosis at lower levels per 7-30-15 note; MRI of the lumbar spine (5-12-15) showing mild right sided foraminal narrowing at L4-5 and moderate left sided foraminal narrowing at L5-S1; MRI of the left knee (5-12-15) shows degenerative changes, chondromalacia. In the progress note dated 7-30-15 the treating provider's plan of care included a request for diagnostic medial branch block at the L3, L4, and L5 medial branches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic medial branch block- L3, L4, & L5 medial branches: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, Facet joint diagnostic blocks (injections).

Decision rationale: Per the ODG guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool, citing minimal evidence for treatment. The ODG indicates that criteria for facet joint diagnostic blocks (injections) are as follows: 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) 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. (Franklin, 2008)] Per the citation above, no more than two facet joint levels are to be injected in one session. As the request is for three levels, the request is not medically necessary.