

Case Number:	CM15-0162940		
Date Assigned:	08/31/2015	Date of Injury:	11/01/2007
Decision Date:	10/08/2015	UR Denial Date:	08/18/2015
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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old female, who sustained an industrial injury on 11-01-2007, when bending over to pick up trash. The injured worker was diagnosed as having spondylosis of unspecified site, without mention of myelopathy. Treatment to date has included diagnostics, physical therapy, chiropractic, and medications. Magnetic resonance imaging of the lumbar spine (2-19-2015) showed mild to moderate multi-level degenerative changes, with variable anterior hypertrophy, discopathy, facet arthropathy, and neuroforaminal narrowing. Currently, the injured worker complains of low back pain, rated 5-10 out of 10, mostly axial with radiation to the bilateral lower extremities down to the knees. She was interested in avoiding surgery, if possible. Current medications included Tramadol and Motrin. It was documented that she had not tried epidural steroid injections. Exam was positive for facet loading pain, left greater than right. Mild sensory discrepancy was noted on the right versus left lateral calf. The treatment plan included bilateral L3-S1 facet joint injection medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3-L4 lumbar sacral facet joint injection medial branch block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, under Facet Joint Diagnostic Blocks.

Decision rationale: The patient presents with low back pain radiating to the right lower extremity. The request is for Right L3-L4 lumbar sacral facet joint injection medial branch block. Examination to the lumbar spine on 04/06/15 revealed a decreased range of motion with pain. Per Request for Authorization form dated 04/04/15, patient's diagnosis includes lumbalgia, pain in the joint pelvic, and pain in wrist/hand. Per 06/27/15 progress report, patient is temporarily totally disabled and is to remain off-work until 09/30/2015. ODG Low Back Chapter, under Facet Joint Diagnostic Blocks states: Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment - a procedure that is still considered "under study". Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block. Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo- controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself. Criteria for the use of diagnostic blocks for facet "mediated" pain: 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. ACOEM Practice Guidelines, Chapter 12, low back complaints, under "Physical Methods", pages 300 states Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. The treater has not addressed this request. In this case, there are no records indicating that the patient had prior facet joint injections at the levels requested. Guidelines do not support such procedures in patients who present with radicular pain. Although the treater has not documented any subjective radicular lumbar pain, the patients suffers with low back pain that radiates into the right lower extremity. Per 05/30/15 progress report, patient's diagnosis includes acute and chronic lumbar pain, bilateral radicular pain (right plantar and lateral) (superior lumbar). While this patient presents with significant chronic pain poorly controlled by other measures, the presence of radiculopathy in this patient precludes lumbar facet injections, diagnostic or otherwise. Furthermore, ODG guidelines allow no more than 2 levels of medial branch blocks. Additionally, ODG does not support simultaneous facet joint and medial branch blocks either. Therefore, the request is not medically necessary.

Left L3-L4 lumbar sacral facet joint injection medial branch block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, under Facet Joint Diagnostic Blocks.

Decision rationale: The patient presents with low back pain radiating to the right lower extremity. The request is for Left L3-L4 lumbar sacral facet joint injection medial branch block. Examination to the lumbar spine on 04/06/15 revealed a decreased range of motion with pain. Per Request for Authorization form dated 04/04/15, patient's diagnosis includes lumbalgia, pain in the joint pelvic, and pain in wrist/hand. Per 06/27/15 progress report, patient is temporarily totally disabled and is to remain off-work until 09/30/2015. ODG Low Back Chapter, under Facet Joint Diagnostic Blocks states: Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment - a procedure that is still considered "under study". Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block. Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself. Criteria for the use of diagnostic blocks for facet "mediated" pain: 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. ACOEM Practice Guidelines, Chapter 12, low back complaints, under "Physical Methods", pages 300 states Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. The treater has not addressed this request. In this case, there are no records indicating that the patient had prior facet joint injections at the levels requested. Guidelines do not support such procedures in patients who present with radicular pain. Although the treater has not documented any subjective radicular lumbar pain, the patients suffers with low back pain that radiates into the right lower extremity. Per 05/30/15 progress report, patient's diagnosis includes acute and chronic lumbar pain, bilateral radicular pain (right plantar and lateral) (superior lumbar). While this patient presents with significant chronic pain poorly controlled by other measures, the presence of radiculopathy in this patient precludes lumbar facet injections, diagnostic or otherwise. Furthermore, ODG guidelines allow no more than 2 levels of medial branch blocks. Additionally, ODG does not support simultaneous facet joint and medial branch blocks either. Therefore, the request is not medically necessary.

Right L4-L5 lumbar sacral facet joint injection medial branch block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, under Facet Joint Diagnostic Blocks.

Decision rationale: The patient presents with low back pain radiating to the right lower extremity. The request is for Right L4-L5 lumbar sacral facet joint injection medial branch block. Examination to the lumbar spine on 04/06/15 revealed a decreased range of motion with pain. Per Request for Authorization form dated 04/04/15, patient's diagnosis includes lumbalgia, pain in the joint pelvic, and pain in wrist/hand. Per 06/27/15 progress report, patient is temporarily totally disabled and is to remain off-work until 09/30/2015. ODG Low Back Chapter, under Facet Joint Diagnostic Blocks states: Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment - a procedure that is still considered "under study". Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block. Although it is suggested that MBBs and intra- articular blocks appear to provide comparable diagnostic information, the results of placebo- controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself. Criteria for the use of diagnostic blocks for facet "mediated" pain: 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. ACOEM Practice Guidelines, Chapter 12, low back complaints, under "Physical Methods", pages 300 states Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. The treater has not addressed this request. In this case, there are no records indicating that the patient had prior facet joint injections at the levels requested. Guidelines do not support such procedures in patients who present with radicular pain. Although the treater has not documented any subjective radicular lumbar pain, the patients suffers with low back pain that radiates into the right lower extremity. Per 05/30/15 progress report, patient's diagnosis includes acute and chronic lumbar pain, bilateral radicular pain (right plantar and lateral) (superior lumbar). While this patient presents with significant chronic pain poorly controlled by other measures, the presence of radiculopathy in this patient precludes lumbar facet injections, diagnostic or otherwise. Furthermore, ODG guidelines allow no more than 2 levels of medial branch blocks. Additionally, ODG does not support simultaneous facet joint and medial branch blocks either. Therefore, the request is not medically necessary.

Left L4-L5 lumbar sacral facet joint injection medial branch block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, under Facet Joint Diagnostic Blocks.

Decision rationale: The patient presents with low back pain radiating to the right lower extremity. The request is for Left L4-L5 lumbar sacral facet joint injection medial branch block. Examination to the lumbar spine on 04/06/15 revealed a decreased range of motion with pain. Per Request for Authorization form dated 04/04/15, patient's diagnosis includes lumbalgia, pain in the joint pelvic, and pain in wrist/hand. Per 06/27/15 progress report, patient is temporarily totally disabled and is to remain off-work until 09/30/2015. ODG Low Back Chapter, under Facet Joint Diagnostic Blocks states: Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment - a procedure that is still considered "under study". Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block. Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself. Criteria for the use of diagnostic blocks for facet "mediated" pain: 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. ACOEM Practice Guidelines, Chapter 12, low back complaints, under "Physical Methods", pages 300 states Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. The treater has not addressed this request. In this case, there are no records indicating that the patient had prior facet joint injections at the levels requested. Guidelines do not support such procedures in patients who present with radicular pain. Although the treater has not documented any subjective radicular lumbar pain, the patients suffers with low back pain that radiates into the right lower extremity. Per 05/30/15 progress report, patient's diagnosis includes acute and chronic lumbar pain, bilateral radicular pain (right plantar and lateral) (superior lumbar). While this patient presents with significant chronic pain poorly controlled by other measures, the presence of radiculopathy in this patient precludes lumbar facet injections, diagnostic or otherwise. Furthermore, ODG guidelines allow no more than 2 levels of medial branch blocks. Additionally, ODG does not support simultaneous facet joint and medial branch blocks either. Therefore, the request is not medically necessary.

Right L5-S1 lumbar sacral facet joint injection medial branch block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, under Facet Joint Diagnostic Blocks.

Decision rationale: The patient presents with low back pain radiating to the right lower extremity. The request is for Right L5-S1 lumbar sacral facet joint injection medial branch block. Examination to the lumbar spine on 04/06/15 revealed a decreased range of motion with pain. Per Request for Authorization form dated 04/04/15, patient's diagnosis includes lumbalgia, pain in the joint pelvic, and pain in wrist/hand. Per 06/27/15 progress report, patient is temporarily totally disabled and is to remain off-work until 09/30/2015. ODG Low Back Chapter, under Facet Joint Diagnostic Blocks states: Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment - a procedure that is still considered "under study". Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block. Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself. Criteria for the use of diagnostic blocks for facet "mediated" pain: 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. ACOEM Practice Guidelines, Chapter 12, low back complaints, under "Physical Methods", pages 300 states Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. The treater has not addressed this request. In this case, there are no records indicating that the patient had prior facet joint injections at the levels requested. Guidelines do not support such procedures in patients who present with radicular pain. Although the treater has not documented any subjective radicular lumbar pain, the patients suffers with low back pain that radiates into the right lower extremity. Per 05/30/15 progress report, patient's diagnosis includes acute and chronic lumbar pain, bilateral radicular pain (right plantar and lateral) (superior lumbar). While this patient presents with significant chronic pain poorly controlled by other measures, the presence of radiculopathy in this patient precludes lumbar facet injections, diagnostic or otherwise. Furthermore, ODG guidelines allow no more than 2 levels of medial branch blocks. Additionally, ODG does not support simultaneous facet joint and medial branch blocks either. Therefore, the request is not medically necessary.

Left L5-S1 lumbar sacral facet joint injection medial branch block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, under Facet Joint Diagnostic Blocks.

Decision rationale: The patient presents with low back pain radiating to the right lower extremity. The request is for Left L5-S1 lumbar sacral facet joint injection medial branch block. Examination to the lumbar spine on 04/06/15 revealed a decreased range of motion with pain. Per Request for Authorization form dated 04/04/15, patient's diagnosis includes lumbalgia, pain in the joint pelvic, and pain in wrist/hand. Per 06/27/15 progress report, patient is temporarily totally disabled and is to remain off-work until 09/30/2015. ODG Low Back Chapter, under Facet Joint Diagnostic Blocks states: Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment - a procedure that is still considered "under study". Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block. Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself. Criteria for the use of diagnostic blocks for facet "mediated" pain: 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. ACOEM Practice Guidelines, Chapter 12, low back complaints, under "Physical Methods", pages 300 states Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. The treater has not addressed this request. In this case, there are no records indicating that the patient had prior facet joint injections at the levels requested. Guidelines do not support such procedures in patients who present with radicular pain. Although the treater has not documented any subjective radicular lumbar pain, the patients suffers with low back pain that radiates into the right lower extremity. Per 05/30/15 progress report, patient's diagnosis includes acute and chronic lumbar pain, bilateral radicular pain (right plantar and lateral) (superior lumbar). While this patient presents with significant chronic pain poorly controlled by other measures, the presence of radiculopathy in this patient precludes lumbar facet injections, diagnostic or otherwise. Furthermore, ODG guidelines allow no more than 2 levels of medial branch blocks. Additionally, ODG does not support simultaneous facet joint and medial branch blocks either. Therefore, the request is not medically necessary.