MAXIMUS Federal Services

Case Number:	CM15-0166091		
Date Assigned:	09/03/2015	Date of Injury:	01/21/2015
Decision Date:	10/09/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/24/2015

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 (IW) is a 38 year old female who sustained an industrial injury on 01-21-2015. The worker is accompanied by an interpreter in her office visits. She reported pushing a cart when the cart turned over and she fell on the right side. She had a second fall when she attempted to stand. She complained of back pain with pain radiating to both legs. The injured worker was diagnosed as having lumbosacral neuritis not otherwise specified, and Lumbosacral spondylosis. According to the notes of 05-27-2015, treatment included physical therapy and a home exercise program. She has not had acupuncture, chiropractic treatment, injections or surgery. In the May visit, the injured worker complained of back pain accompanied with tingling and numbness that goes down both legs more on the left than right. Pain goes past the knee to the foot, and is rated a 7 on a scale of 0-10. The pain is worse with driving and movement and better with physical therapy. She reports difficulty walking and trouble sleeping. She does not take Tylenol, Motrin or Ibuprofen secondary to allergies to the medications. On exam, she has tenderness in the lumbar paraspinals, her active range of motion is diminished in forward flexion (45 degrees) and extension (20 degrees) and she has more pain in extension than forward flexion. Straight leg raise test is positive on the left side. Lumbar facet stress test is positive. There is decreased sensation in the left leg in the L5 and S1 distribution. Gabapentin was started (05-27-2015) for the neuropathic effects in her legs, and Naproxen for pain. In the exam of July 8, 2015, the worker reports her back pain as more significant than her leg pain and the right leg pain is more significant than the left. In the visit of 07-08-2015, her medication schedule was reviewed and clarified, and it is noted that her back pain is worse than the pain in her legs. Physical

therapy is planned to start 07-09-2015, a transforaminal epidural steroid injection is requested as her pain is reported as worse, and she has returned to work full time with restrictions. A request for authorization was submitted for a Lumbar medial branch block at bilateral L3-4 and L4-5 under fluoroscopic guidance. A utilization review decision (07-20-2015) denied the request pending the results of the physical therapy course and TENS trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar medial branch block at bilateral L3-4 and L4-5 under fluoroscopic guidance: 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.

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) The documentation submitted for review indicates that the injured worker indeed suffers from radiculopathy per MRI imaging and clinical findings. As this procedure is limited to patients with low-back pain that is non-radicular, the request is not medically necessary. Furthermore, per progress report dated 7/8/15, the injured worker was pending conservative treatment with physical therapy and TENS unit.