

Case Number:	CM15-0181510		
Date Assigned:	09/22/2015	Date of Injury:	09/22/2008
Decision Date:	11/03/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/15/2015

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 73 year old female, who sustained an industrial injury on 9-22-08. The injured worker has complaints of moderate pain in the back increased with standing walking and activity. The injured worker on 8-4-15 reports her pain is a 6 on the pain scale. Palpation of the lumbar facet reveals pain on both the sides at L3-S1 (sacroiliac) region; anterior lumbar flexion causes pain and there is pain noted with lumbar extension. Magnetic resonance imaging (MRI) of the lumbar spine on 12-29-14 showed severe adhesive arachnoiditis. The diagnoses have included lumbosacral spondylosis without myelopathy; degeneration of lumbar or lumbosacral intervertebral disc; failed back syndrome, lumbar and trochanteric bursitis of both hips. Treatment to date has included yoga; medications helps her sleep; percocet; seroquel; lamictal; cyclobenzaprine; duloxetine and neurontin. The request for bupivacaine times 6 units was not medically necessary on the original utilization review (9-4-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupivacaine times 6 units: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low back chapter.

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 intra-articular injections (therapeutic blocks).

Decision rationale: The MTUS is silent on lumbar facet injections. With regard to facet injections, ODG states: "Under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement." Criteria for use of therapeutic intra-articular and medial branch blocks are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. Per the medical records submitted for review, the injured worker underwent lumbar facet nerve blocks 4/30/15. It was noted, "After skin infiltration of local anesthetic, the needle was directed down the beam of the fluoroscope to rest just off periosteum at the sacro -alar junction. Correct needle position was confirmed in the AP and oblique views. Once bone was contacted and negative aspiration was confirmed, 1ml of a solution containing 0.75% Bupivacaine plus 80mg depomedrol was then slowly injected at each level". The request does not specify what a "unit" of bupivacaine is. If a cc is intended, only 3cc's should be necessary. The request is not medically necessary.