

Case Number:	CM15-0198396		
Date Assigned:	10/13/2015	Date of Injury:	03/02/2014
Decision Date:	11/25/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/08/2015

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 36-year-old male, who sustained an industrial injury on 3-2-14. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy; thoracic and lumbosacral neuritis radiculitis, unspecified. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 9-22-15 indicated the injured worker complains of back pain and needing medication refill. The provider documents "seen today regarding ongoing back injury. Patient's current pain level is a 7 out of 10 and described as shooting in the low back and occasionally into the left leg, most of the day his pain is focal in the low back. Conservative measures tried in the past include physical therapy 2x6 that increased the pain, massage therapy no relief; chiropractic treatment increased the pain and home exercise helped minimally. NSAIDs do not provide adequate relief from the pain. Our goal is to decrease the patient's Narcotic usage by 70-80% and increase the patient quality of life." On physical examination, the provider notes "facet tenderness is present bilaterally on the lumbar spine at L3-4 L4-5 levels. Axial loading of the lumbar spine worsens the pain. Range of motion of the lumbar spine is decreased due to pain, especially extension. Patient occasionally has some radicular pain shooting into the left leg. There are no appreciable changes in sensory function. Muscle tone does not reveal any asymmetries of bulk or tone. Muscle strength is 5 out of 5 on the right and left. Ilio-psoas are 5 out of 5 bilaterally; foot dorsiflexion is 5 out of 5 bilaterally; foot extension is 5 out of 5 bilaterally; extensor hallucis longus is 5 out of 5 bilaterally." The provider reviews a lumbar spine MRI dated 20-2014 that reveals spondylotic degenerative changes present in the lower, three levels. He is recommended medial branch blocks in his treatment for focal pain

followed by radiofrequency ablation. A Request for Authorization is dated 10-8-15. A Utilization Review letter is dated 10-2-15 and non-certification for Bilateral L3-L4, L4-L5 Medial Branch Blocks under Fluoroscopic Guidance. A request for authorization has been received for Bilateral L3-L4, L4-L5 Medial Branch Blocks under Fluoroscopic Guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L4, L4-L5 Medial Branch Blocks under Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Online Version, Facet joint injections, multiple series; Facet joint diagnostic blocks; Facet joint pain, signs & symptoms.

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. MRI dated 10/3/14 showed generative changes in the lower 3 lumbar levels with a 6mm disc protrusion at L5 causing moderate narrowing of the left lateral foramen and contacting the S1 nerve root. Per physical exam dated 8/11/15, deep tendon reflexes at the right knee, ankle, and left knee were 1/4; 0/4 at the left ankle. Sensory perception was reduced partially in the S1 dermatome of the left thigh from the gluteal fold to the calf. As this procedure is limited to patients with low-back pain that is non-radicular, the request is not medically necessary.

