

Case Number:	CM15-0198397		
Date Assigned:	10/13/2015	Date of Injury:	12/03/1986
Decision Date:	12/01/2015	UR Denial Date:	09/08/2015
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 75 year old female with a date of injury on 1203-1986. The injured worker is undergoing treatment for facet joint pain, lumbosacral; S1 Sacroiliac joint disorder, lumbar displaced disc without myelopathy and lumbar radiculopathy. On 08-13-2015, the injured worker received lumbar medial branch blocks of the bilateral L3, L4, and L5 under fluoroscopic guidance. A physician progress note dated 08-27-2015 documents the injured worker presents for a follow-up visit with a complaint of lumbar back pain with bilateral lower extremity pain. She rates her pain at best 2 out of 10 and at its worst it is 5 out of 10 and currently it is 4 out of 10. She has numbness in her feet and she has bowel and bladder incontinence. The pain interferes with her sleep and daily activities. Her pain has improved since her last visit. She states she has a 75-80% relief with the lumbar medical branch block on 08-13-2015. With her medications, she has improvement in ADLs. There is tenderness in the bilateral L4-L5, L5-S1 paraspinal muscles. Range of motion is mildly reduced, and there is pain with extension. There is documentation that "pain seems to be related to stenosis, S1 joint and possible facetogenic." She reported 50% relief with bilateral L3-4 transforaminal epidural steroid injection on 06-18-2015. Physical therapy did not help much. She cannot tolerate an increase in Gabapentin. Treatment to date has included diagnostic studies, medications, epidural injections, status post lumbar decompression and fusion in 2012, medial branch blocks, and physical therapy. Current medications include Carmol 40 topical cream, Nexium, Flonase, Lidoderm patch, Vitamin E, B 100 complex ER, Vitamin D, Calcium, Gabapentin, Amoxicillin, Amitriptyline, Atorvastatin, Magnesium, Omega 3, Sumatriptan, Hydrocodone-APAP, Baclofen, and Kadian. The treatment plan includes continuation of Gabapentin, activities as tolerated and schedule a L4-5, and L5-S1 medial branch block. On 09-15-2015, Utilization Review non-certified the request for Medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, low back, Facet joint diagnostic blocks (injections).

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 medical records submitted for review indicate that the injured worker previously underwent medial branch block at L4-L5 and L5-S1 levels on 8/13/15. It was noted that the injured worker had 75-80% improvement in pain and improvement in function. As the guidelines recommend proceeding to facet neurotomy after successful medial branch block, the request for repeat medial branch block is not medically necessary.