

Case Number:	CM15-0206104		
Date Assigned:	10/22/2015	Date of Injury:	08/22/2012
Decision Date:	12/11/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/20/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 38 year old, male who sustained a work related injury on 8-22-12. A review of the medical records shows he is being treated for low back pain. In the progress notes dated 8-18-15, the injured worker reports no change since last visit. He reports low back pain that radiates to left leg. He reports pain is midline low back at 8/10. On physical exam dated 8-18-15, he has tenderness to palpation of lumbar spine at midline and paraspinal area. He has positive facet loading test and positive SLR. He has decreased lumbar range of motion. He has decreased sensation to L4 and L5 distribution of left leg. Treatments have included a lumbar epidural injection on 5-26-15 "he reports his lower back pain increased for about three days then returned to level of pain prior to injection", TENS unit therapy and medications. Current medications include Norco, Flexeril, Diclofenac and blood pressure medications. He is not working. The treatment plan includes a diagnostic lumbar medial branch block. The patient had received an unspecified number of chiropractic, Acupuncture and PT visits for this injury. The patient had diagnosis of lumbar radiculopathy. The patient had EMG of lower extremity on 5/21/14 that revealed lumbar radiculopathy. The patient has had MRI of the lumbar spine on 5/2/14 and on 7/21/14 that revealed disc protrusions, foraminal and central canal narrowing; X-ray of the lumbar spine on 4/29/14 that revealed disc space narrowing. The patient had used a TENS unit for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3-L4 Diagnostic Medial Branch Block: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 (updated 09/22/15), Facet joint diagnostic blocks.

Decision rationale: Right L3-L4 Diagnostic Medial Branch Block. ACOEM/MTUS guideline does not specifically address this issue. Hence ODG used. Per the ODG low back guidelines Facet joint diagnostic blocks (injections) are "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')." Criteria for use of Facet joint diagnostic blocks (injections) are as follows: 1. Clinical presentation should be consistent with facet joint pain, signs & symptoms. 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. An evidence of documentation of failure of conservative treatment (including home exercise, PT) prior to the procedure for at least 4-6 weeks. The records provided did not have evidence of a formal plan of rehabilitation in addition to facet joint therapy. The patient had a diagnosis of lumbar radiculopathy. The patient had an EMG of the lower extremity on 5/21/14 that revealed lumbar radiculopathy. The patient has had MRI of the lumbar spine on 5/2/14 and on 7/21/14 that revealed disc protrusions, foraminal and central canal narrowing. As per the cited guidelines for the requested procedure, there should be no evidence of radicular pain or spinal stenosis. This patient has evidence of radiculopathy. The response to prior rehabilitation therapy including PT and pharmacotherapy was not specified in the records provided. Evidence of diminished effectiveness of oral medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Right L3-L4 Diagnostic Medial Branch Block is not medically necessary for this patient.

Left L3-L4 Diagnostic Medial Branch Block: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

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 (updated 09/22/15), Facet joint diagnostic blocks.

Decision rationale: Left L3-L4 Diagnostic Medial Branch Block. ACOEM/MTUS guideline does not specifically address this issue. Hence ODG used. Per the ODG low back guidelines Facet joint diagnostic blocks (injections) are "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')." Criteria for use of Facet joint

diagnostic blocks (injections) are as follows: "Clinical presentation should be consistent with facet joint pain, signs & symptoms". 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. Evidence of documentation of failure of conservative treatment (including home exercise, PT) prior to the procedure for at least 4-6 weeks. The records provided did not have evidence of a formal plan of rehabilitation in addition to facet joint therapy. The patient had diagnosis of lumbar radiculopathy. The patient had an EMG of lower extremity on 5/21/14 that revealed lumbar radiculopathy. The patient has had a MRI of the lumbar spine on 5/2/14 and on 7/21/14 that revealed disc protrusions, foraminal and central canal narrowing. As per the cited guidelines for the requested procedure, there should be no evidence of radicular pain or spinal stenosis. This patient has evidence of radiculopathy. Response to prior rehabilitation therapy including PT and pharmacotherapy was not specified in the records provided. Evidence of diminished effectiveness of oral medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Left L3-L4 Diagnostic Medial Branch Block is not medically necessary for this patient.

Anesthesia for Diagnostic or therapeutic Nerve blocks and Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 (updated 09/22/15), Facet joint diagnostic blocks and Other Medical Treatment Guidelines The Official Journal of the Anesthesia Patient Safety Foundation - 2011, volume 26 No 1, Avoiding Catastrophic Complications from Epidural Steroid Injections, by Stephen E. Abram, MD, and Quinn H. Hogan, MD, 4. Avoid deep sedation.

Decision rationale: Anesthesia for Diagnostic or therapeutic Nerve blocks and Injection. ACOEM/MTUS guideline does not specifically address this issue. Hence ODG used. Per the cited reference, "Avoid sedation. The deeply sedated patient may become agitated and may move unexpectedly. Also, paresthesias may alert us to the fact that we have contacted the cord. There are many anecdotal accounts of patients who have had intense paresthesias and/or motor responses to contact of a needle with the spinal cord, as well as a number of cases in which general anesthesia or moderate to deep sedation appeared to block such responses. The vigilance of an awake patient offers at least some added safety." The anesthesia was requested for use with the proposed medial branch blocks. Per the ODG low back guidelines Facet joint diagnostic blocks (injections) are "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')." Criteria for use of Facet joint diagnostic blocks (injections) are as follows: "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." Evidence of documentation of failure of conservative treatment (including home exercise, PT) prior to the

procedure for at least 4-6 weeks. The records provided did not have evidence of a formal plan of rehabilitation in addition to facet joint therapy. The patient had diagnosis of lumbar radiculopathy. The patient had an EMG of lower extremity on 5/21/14 that revealed lumbar radiculopathy. The patient has had a MRI of the lumbar spine on 5/2/14 and on 7/21/14 that revealed disc protrusions, foraminal and central canal narrowing. As per the cited guidelines for the requested procedure, there should be no evidence of radicular pain or spinal stenosis. This patient has evidence of radiculopathy. Response to prior rehabilitation therapy including PT and pharmacotherapy was not specified in the records provided. Evidence of diminished effectiveness of oral medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Left and right L3-L4 Diagnostic Medial Branch Block is not fully established in this patient. Therefore, the medical necessity of the request for Anesthesia for Diagnostic or therapeutic Nerve blocks and Injection is also not medically necessary for this patient.