

Case Number:	CM15-0208274		
Date Assigned:	10/27/2015	Date of Injury:	06/21/2011
Decision Date:	12/14/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/22/2015

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: Massachusetts

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 52 year old female, who sustained an industrial injury on 6-21-11. The injured worker was being treated for lumbosacral spondylosis without myelopathy. On 9-18-15, the injured worker complains of stabbing pain in low back, bilateral knees, bilateral ankles and bilateral plantar feet and groin; stabbing and numbness in left lower leg and aching in her knees. She rates the pain 4-5 out of 10 with medications and 8-9 out of 10 without medications and notes pain is worse since last visit. Physical exam performed on 9-18-15 revealed antalgic gait, tenderness over the paraspinal with limited flexion due to increased pain. MRI of lumbar spine performed on 10-21-14 revealed T9-10 and T10-11 disc bulge; L1-2, L2-3, L4-5 and L5-S1 disc desiccation. Treatment to date has included lumbar epidural steroid injection (without any improvement of pain), oral medications including Percocet, Tizanidine and Amitriptyline and topical compound; and activity modifications. (It is noted medial branch blocks have been authorized but she has not received an appointment.) On 9-17-15 request for authorization was submitted for injection with fluoroscopy and sedation. On 9-28-15 request for injection with fluoroscopy and sedation was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient joint injection x 2 with image guidance fluoroscopy and sedation (No UDS received): 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) Pain, Chronic, Facet Joint Blocks.

Decision rationale: According to the ODG, the criteria for the use of diagnostic blocks for facet mediated pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 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 injured workers with 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 injured worker 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 injured worker 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 injured workers in whom a surgical procedure is anticipated. (Resnick, 2005) 11. Diagnostic facet blocks should not be performed in injured workers 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 submitted documentation fails to indicate which joint levels and which side the block is being proposed for. This is in contrast to the guidelines as set for in the ODG. Therefore, the requirements for treatment have not been met and medical necessity has not been established.