

Case Number:	CM15-0026709		
Date Assigned:	02/19/2015	Date of Injury:	05/22/2014
Decision Date:	03/30/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/12/2015

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: Arizona, 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 45 year old male, who sustained an industrial injury on 05/22/2014. He has reported falling backwards to the ground from a second story sustaining multiple injuries to the left hand, arms, back, shoulders, and left elbow. Diagnoses include cervical disc protrusions, cervical radiculitis, cervical spine myoligamentous sprain/strain, lumbar disc protrusions and annular tear at lumbar four to five, lumbar facet syndrome, and lumbar spine myoligamentous sprain/strain. Treatment to date has included medication regimen, use of hot and cold packs, x-ray of the left hand, magnetic resonance imaging of the cervical spine, multiple cervical epidural injections, and chiropractic care. In a progress note dated 01/06/2015 the treating provider reports low back pain that is noted to be severe at times and radiates to the lower extremities. The treating physician requested a series of two lumbar epidural injections at the lumbar four to five level under intravenous anesthesia in an operating room setting noting the injured worker's symptoms of severe low back pain with radicular symptoms. An MRI from 2014, showed facet degenerative changes. On 01/21/2015 Utilization Review modified the requested treatments of facet block at bilateral lumbar three to four with a quantity of 2 to facet block bilateral medial branches lumbar three and lumbar four for the four to five facet joint with a quantity of 2, facet block at bilateral lumbar four to five with a quantity of 2 to facet block bilateral medial branches lumbar four and lumbar five for lumbar five to sacral one facet joint with a quantity of 2, and monitored anesthesia care (MAC) anesthesia to minimal non-analgesic sedation with a quantity of one, noting the Official Disability Guidelines, Low Back Chapter, updated 11/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet block at bilateral L3-4 QTY: 2.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines, Back pain chapter, facet blocks

Decision rationale: According to the ODG guidelines, medial branch facet block are recommended prior to facet neurotomy. 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 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.] In this case, the claimant does have facet disease and has failed other conservative options. However, there is no documentation to the response of 1 injection to determine the need for a 2nd. As a result, the request for 2 MBB of L3-L4 is not medically necessary.

Facet block at bilateral L4-5 QTY: 2.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Back pain chapter

Decision rationale: According to the ODG guidelines, medial branch facet block are recommended prior to facet neurotomy. 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 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.] In this case, the claimant does have facet disease and has failed other conservative options. However, there is no documentation to the response of 1 injection to determine the need for a 2nd. As a result, the request for 2 MBB of L4-L5 is not medically necessary.

MAC anesthesia QTY: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.