

Case Number:	CM15-0214850		
Date Assigned:	11/04/2015	Date of Injury:	02/03/2015
Decision Date:	12/16/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/30/2015

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: New Jersey

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 42 year old male, who sustained an industrial injury on 2-3-2015. Diagnoses include annular disc bulge L5-S1 per MRI dated 9-16-15, with bilateral facet effusion and multilevel degenerative facet arthropathy. Treatments to date include activity modification, anti-inflammatory, and physical therapy. Currently, he complained of ongoing low back pain. The physical examination documented decreased lumbar range of motion noted as painful. There was tenderness with muscle spasms noted. Bilateral leg raise and knee to chest tests were positive. There was pain with compression of facet joints at L3-4 to L5-S1 levels. The plan of care included a single diagnostic phase lumbar facet block to L5-S1 bilaterally. The appeal requested authorization for bilateral facet blocks L5-S1. The Utilization Review dated 10-19-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral facet blocks L5-S1 x1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar & Thoracic (Acute & Chronic)- 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 section, facet joint pain/injections.

Decision rationale: The MTUS Guidelines do not address facet joint injections. The ODG suggests that for a diagnosis of facet joint pain, tenderness over the facet joints, a normal sensory examination, absence of radicular findings (although pain may radiate below the knee), and normal straight leg raising exam are all requirements of the diagnosis. If evidence of hypertrophy encroaching on the neural foramen is present then only two out of the four requirements above may allow for an accurate diagnosis of facet joint pain. The ODG also discusses the criteria that should be used in order to justify a diagnostic facet joint injection for facet joint disease and pain, including 1. One set of diagnostic medial branch blocks with a response of greater or equal to 70% and lasting for at least 2 hours (lidocaine), 2. Limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally, 3. Documentation of failure of conservative treatments for at least 4-6 weeks prior, 4. No more than 2 facet joints injected in one session, 5. Recommended volume of no more than 0.5 cc per joint, 6. No pain medication from home should be taken at least 4 hours prior to diagnostic block and for 4-6 hours afterwards, 7. Opioids should not be given as a sedative during procedure, 8. IV sedation is discouraged, and only for extremely anxious patients, 9. Pain relief should be documented before and after a diagnostic block, 10. Diagnostic blocks are not to be done on patients who are to get a surgical procedure, and 11. Diagnostic blocks should not be performed in patients that had a fusion at the level of the planned injection. In the case of this worker, low back pain with occasional leg pains suggested possible lumbar radiculopathy, however, physical findings as documented in the notes made available for review showed normal sensory, reflex, and straight leg raise testing, suggestive of either insignificant radiculopathy not reproducible or no radiculopathy. Either way, in the opinion of this reviewer, this worker fulfills the criteria for a diagnostic fact block at the L5-S1 as requested, therefore is medically necessary.