

Case Number:	CM15-0215945		
Date Assigned:	11/05/2015	Date of Injury:	10/23/2014
Decision Date:	12/22/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/03/2015

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: Indiana, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 50 year old female, who sustained an industrial injury on 10-23-14. Medical records indicate that the injured worker is undergoing treatment for lumbar facet hypertrophy, chronic cervical strain, cervical disc protrusions, chronic lumbosacral spine strain, lumbar disc herniations and secondary depression. The injured worker is currently temporarily totally disabled. On (10-8-15) the injured worker complained of constant low back pain with radiation to the left lower extremity. The pain increased with prolonged sitting, exercise, sitting and walking. The pain is better with lying down and stretching. The pain was rated 7 out of 10 at best and 10 out of 10 at worst on the visual analog scale. Examination of the spinal axis revealed palpable trigger points in the mid and low back paraspinous musculature. Range of motion was 60 degrees of flexion, 10 degrees of extension and 15 degrees bilateral tilt. The pain increased on extension and a facet loading test was positive. A straight leg raise test was positive on the left side. Sensory examination was within normal limits at all levels. Treatment and evaluation to date has included medications, x-rays and MRI of the lumbar spine. The MRI of the lumbar spine (4-13-15) showed moderate facet hypertrophy at Lumbar four-Lumbar five and Lumbar five-Sacral one, fluid within the Lumbar three-Lumbar four facet joints and a disc protrusion at Lumbar four-Lumbar five with mild bilateral neuroforaminal stenosis. Current medications include Advil as needed. The Request for Authorization dated 10-20-15 is for Lumbar four-Lumbar five and Lumbar five-Sacral one facet blocks. The Utilization Review documentation dated 10-27-15 non-certified the request for a Lumbar four-Lumbar five and Lumbar five-Sacral one facet block.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5, L5-S1 facet block: Upheld

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 Chapter - Facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, Activity, Work, Follow-up Visits, Special Studies, Work-Relatedness, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections) and Other Medical Treatment Guidelines MD Guidelines, Facet Joint Injections/Therapeutic Facet Joint Injections.

Decision rationale: ACOEM Guidelines state "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." MTUS is silent specifically with regards to facet injections, but does refer to epidural steroid injections. ODG and MD Guidelines agree that: "One diagnostic facet joint injection may be recommended for patients with chronic low back pain that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments (e.g., NSAIDs, aerobic exercise, other exercise, manipulation) in order to determine whether specific interventions targeting the facet joint are recommended. If after the initial block/blocks are given (see "Diagnostic Phase" above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported." ODG details additional guidelines: 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. The treating physician notes provide no additional details on the medications tried and the response. The treating physician also notes some physical therapy and exercises were tried, but does not provide objective or subjective findings to detail the failure. Treatment notes did not detail other conservative treatment failures. As such, the request for Lumbar L4-5 and L5-S1 Facet Joint Injection With Steroid is not medically necessary.