

<b>Case Number:</b>	CM15-0216465		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	06/16/1997
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 53 year old female who sustained an industrial injury on 6-16-97. A review of the medical records indicates she is undergoing treatment for cervical spondylosis, long term use of medications, and lumbar spine spondylosis with facet syndrome. Medical records (7-17-15, 9-19-15, 9-14-15, and 10-8-15) indicate complaints of bilateral back pain, rating "7-8 out of 10". She has also complained of neck pain. The physical exam (9-14-15) reveals a "slightly" antalgic gait. Range of motion of the cervical spine is limited due to pain. "Normal" strength is noted. Pain is noted on palpation of the cervical area. The cervical facet-loading maneuver causes pain. The bilateral upper extremity exam is within normal limits. Diagnostic studies have included x-rays of the cervical spine. Treatment has included medications, physical therapy, cervical epidural steroid injections, and diagnostic cervical medial branch blocks at bilateral C5 and C6 on 10-8-15. Her work status is not indicated in the reviewed records. The treatment plan includes a repeat cervical medial branch block in 2-4 weeks. The utilization review (10-14-15) includes a request for authorization of medical branch block at bilateral C5-6 with IV sedation. The request was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial branch block at bilateral C5-6 with IV sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Back Chapter - Facet joint pain, Official Disability Guidelines (ODG): Back Chapter - 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) Pain, Chronic, Facet Joint Blocks.

**Decision rationale:** According to the ODG, the criteria for the use of diagnostic blocks for facet "mediated" pain include: 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)] There is no documentation the IW suffers from extreme anxiety and thus requires the use of IV sedation for the procedure. Opioids should not be given. There is no rationale provided as to why IV sedation is necessary. The use of sedation is in contrast to the ODG guidelines above. Therefore, at this time, the requirements for treatment have not been met and the request is not medically necessary.