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| Case Number: | CM15-0216958 | | |
| Date Assigned: | 11/06/2015 | Date of Injury: | 01/04/2015 |
| Decision Date: | 12/24/2015 | UR Denial Date: | 11/02/2015 |
| 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 58 year old male, who sustained an industrial injury on 1-4-15. Medical records indicate that the injured worker is undergoing treatment for a lumbar sprain, lumbar decreased lordosis, lumbar disc degeneration and lumbar disc bulge. The injured worker is currently temporarily totally disabled. On (10-20-15) the injured worker complained of intermittent lumbar pain with radiation down the right leg to the ankle with associated numbness and tingling. The injured worker was noted to have had a lumbar epidural steroid injection at level Lumbar two-three on 10-7-15 with 50% relief for one day, but the pain had returned to the pre-injection level. The injured worker also noted cervical spine pain. Objective findings noted that the injured worker had difficulty arising from a seated position. A knee to chest test was positive. An active straight leg raise test was positive bilaterally. Range of motion revealed 45 degrees of flexion, 5 degrees of extension and 10 degrees of lateral flexion bilaterally. Facet loading signs were positive. Sensation was diminished over the anterior aspect of the right lower extremity. Treatment and evaluation to date has included medications, MRI of the lumbar spine, lumbar epidural steroid injections (lumbar two-lumbar three) and physical therapy. The MRI of the lumbar spine (7-29-15) showed no evidence of disc bulges or herniations at Lumbar one-Lumbar two. At Lumbar three-Lumbar four and Lumbar four-Lumbar five desiccation of the disc was noted, as well as a disc bulge with neuroforaminal stenosis bilaterally. Current medications include Norco. The Request for Authorization dated 10-20-15 is for bilateral facet blocks at

Lumbar three-Lumbar four. The Utilization Review documentation dated 11-2-15 non-certified the request for bilateral facet blocks at Lumbar three-Lumbar four.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral facet blocks at L3-4: 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-Facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. 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 Up to Date, Subacute and chronic low back pain: Nonsurgical interventional treatment.

Decision rationale: MTUS is silent regarding medial branch diagnostic blocks. ODG recommends 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. ACOEM additionally states, "Does not recommend Diagnostic Blocks". Similarly, Up to Date states "Facet joint injection and medial branch block". Glucocorticoid injections into the facet joint have not been shown to be effective in the treatment of low back pain. A 2009 American Pain Society guideline recommends against their use. The medical documentation provided documents radiculopathy in multiple treatment notes. Guidelines recommend against facet blocks for patients with radicular symptoms. As such, the request for bilateral facet blocks at L3-4 is not medically necessary.