

Case Number:	CM15-0223268		
Date Assigned:	11/19/2015	Date of Injury:	05/04/2000
Decision Date:	12/30/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/13/2015

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: Physical Medicine & Rehabilitation, 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 72 year old male who sustained an industrial injury on May 04, 2000. The worker is being treated for: low back pain; radiculopathy, and DJD. Subjective: June 08, 2015 he reported exacerbation of left knee pain. October 26, 2015 he reported complaint of continued low back pain. Objective: October 26, 2015 noted SLR caused some pulling in the lower extremities but no radicular pain. He is definitely tender to palpation over the lower lumbar facets hyperextension left and right flexion accentuates this. He further reported moderate lower back pain with intermittent pain into legs and back of knees. Diagnostic: MRI 2014. Medication: June 2015: Soma and Norco. July 2015: Norco and Flexeril. October 2015: Norco, and Zantac. Treatment: July 15, 2015 administered bilateral L4 L5 medial branch block of which "he received good relief for several hours", and "for a short period of time able to decrease some of his medication," POC noted recommending repeating injection with long term goal for RFA. October 2015 noted chiropractic sessions. July 01, 2015 noted left knee injection administered. On October 27, 2015 a request was made for lumbar injections bilaterally L4 L5 medial branch block under IV sedation and fluoroscopy that was noncertified by Utilization Review on November 02, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Injections (B) L4, L5 Medial Branch Blocks under IV Sedation and Fluoroscopy:
Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.
Decision based on Non-MTUS Citation ODG.

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-Lumbar & Thoracic (Acute & Chronic), Lumbar Diagnostic facet joint blocks (injections) and Other Medical Treatment Guidelines Statement on Anesthetic Care during Interventional Pain Procedures for Adults. Committee of Origin: Pain Medicine (Approved by the ASA House of Delegates on October 22, 2005 and last amended on October 20, 2010).

Decision rationale: The claimant has a remote history of a work injury occurring in May 2000 and continues to be treated for low back pain. In June 2015 he underwent bilateral lumbar medial branch blocks. The procedure report was provided. He was examined under fluoroscopy and had pain over the L5/S1 facet joints with palpation. The procedure was done with use of local anesthetic only. The L4 and L5 medial branches were blocked with 0.5 ML of 0.25% Marcaine. He had a decrease in pain after the procedure from 4/10 to 0/10. He had complete pain relief the next day. When seen in October 2015 his response to the injection done in June 2015 was reviewed. He was having ongoing low back pain. Physical examination findings included a body mass index of 35. There was lower lumbar facet tenderness and increased symptoms with hyperextension and left and right flexion. A repeat medial branch block procedure was requested. The rationale is given as to decrease the chance of a false positive response prior to consideration of radiofrequency ablation. A repeat procedure was requested. The request includes use of intravenous sedation. Although the use of a confirmatory block is not currently being recommended, the rationale for this is related to cost. However, given the high cost of medial branch radiofrequency ablation, known rate of false positive diagnostic blocks, and the neuro destructive nature of the ablation procedure, if requested, a confirmatory block procedure should be considered for coverage. Performing an unnecessary radiofrequency ablation treatment not only places the individual at increased risk for nerve injury but also could potentially lead to unnecessary and costly repeat procedures. In this case, the claimant's response to the injections done with Bupivacaine is unexpected. He had complete pain relief lasting for more than the duration of the anesthetic. A repeat block procedure with lidocaine is both appropriate and medically necessary. However, now moderate sedation is also being requested. The use of intravenous sedation may be considered as negating the results of a diagnostic block. The prior medial branch block procedure was performed with local anesthetic only and provided useful diagnostic information. There is no indication for the use of sedation and, although the medial branch blocks are medically necessary, this request cannot be accepted for this reason. Therefore is not medically necessary.