

Case Number:	CM15-0057715		
Date Assigned:	04/02/2015	Date of Injury:	07/15/2010
Decision Date:	05/08/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44-year-old female, who sustained an industrial injury on 7/15/10. She reported pain and soreness to the neck, back, legs, knees, and right ankle. The injured worker was diagnosed as having neck pain and lumbar back pain. Treatment to date has included physical therapy, chiropractic treatment, acupuncture, 2 sacroiliac joint injections that provided temporary pain relief, and several trigger point injections to the neck and mid back with no relief of symptoms. A MRI performed on 5/6/14 revealed bilateral facet osteoarthritis at L5-S1 associated with facet effusions. Currently, the injured worker complains of neck pain and lower back pain. The treating physician requested authorization for a lumbar facet block injection at bilateral L3-5 under fluoroscopy and monitored anesthesia care. The treating physician noted a repeat lumbar facet block was needed as the injured worker received greater than 50% relief of pain after the previous block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet block injection bilateral L3-L5 under fluoroscopy and monitored anesthesia care: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 - 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, under Facet Joint Medial Branch blocks - Therapeutic- Low Back Chapter, under Facet Joint Diagnostic Blocks.

Decision rationale: The patient presents on 02/25/15 with unrated neck and lower back pain. The patient's date of injury is 07/15/10. Patient is status post lumbar medial branch block at L3, L4, L5 levels on 12/04/14. The request is for Lumbar Facet Block Injection Bilateral L3-L5 UNDER Fluoroscopy and Monitored Anesthesia Care. The RFA is dated 02/25/15. Physical examination dated 02/25/15 does not include any physical findings pertinent to the request, as the examination focuses entirely on the cervical spine and right ankle. The patient is currently prescribed Percocet, Norco, and Rozerem. Diagnostic imaging included MRI of the lumbar spine dated 05/06/14, significant findings include: "Bilateral facet osteoarthritis at L5-S1 associated with facet effusion and perivesical gained weight. This may indicate bilatera facet synovitis... Multilevel degenerative disc disease without any visible annular fissure." Patient's current work status is not provided. ODG Low Back Chapter, under Facet Joint Medial Branch blocks Therapeutic states: "Not recommended except as a diagnostic tool. Minimal evidence for treatment." ODG Low Back Chapter, under Facet Joint Diagnostic Blocks states: "Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment; a procedure that is still considered "under study." Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnosticblock be performed prior to a neurotomy, and that this be a medial branch block. Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12 low back complaints, under "Physical Methods," pages 300 states Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. In regard to the request for a repeat lumbar facet joint block, guidelines do not support such injections as a therapeutic measure. Progress notes indicate that this patient underwent a diagnostic lumbar facet block at the same levels on 12/04/14. Progress note dated 02/25/15 requests a repeat block as this patient reported a 50 percent reduction in pain lasting several weeks. It appears that the requesting provider intends on performing a second diagnostic block prior to considering a rhizotomy at these levels. It is not clear why a second diagnostic block is necessary, and while the physician states consideration of rhizotomy it is not specifically outlined as a planned procedure. Owing to this, a second block must be considered a therapeutic injection one. ODG does not support such injections except as a diagnostic measure prior to facet joint rhizotomy and specifically recommends against facet blocks as a therapeutic measure. Therefore, the request is not medically necessary. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12 low back complaints, under "Physical Methods", pages 300 states Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of

questionable merit. In regard to the request for a repeat lumbar facet joint block, guidelines do not support such injections as a therapeutic measure. Progress notes indicate that this patient underwent a diagnostic lumbar facet block at the same levels on 12/04/14. Progress note dated 02/25/15 requests a repeat block as this patient reported a 50 percent reduction in pain lasting several weeks. It appears that the requesting provider intends on performing a second diagnostic block prior to considering a rhizotomy at these levels. It is not clear why a second diagnostic block is necessary, and while the physician states consideration of rhizotomy it is not specifically outlined as a planned procedure. Owing to this, a second block must be considered a therapeutic injection one. ODG does not support such injections except as a diagnostic measure prior to facet joint rhizotomy and specifically recommends against facet blocks as a therapeutic measure. Therefore, the request IS NOT medically necessary.