

Case Number:	CM15-0058256		
Date Assigned:	04/03/2015	Date of Injury:	06/02/2000
Decision Date:	05/01/2015	UR Denial Date:	03/26/2015
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: Arizona, California

Certification(s)/Specialty: Family Practice

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 was a 59 year old female, who sustained an industrial injury, April 30, 2007. The injured worker previously received the following treatments acupuncture, physical therapy, bilateral knee surgery, wears AFO on the left foot, bilateral shoulder surgery, multiple cervical and lumbar epidural injections, Norco, Soma, Celebrex, Lyrica, Hydroxyzine and lumbar spine Mirth injured worker was diagnosed with chronic pain, sciatica, lumbosacral spondylosis without myelopathy and thoracic/lumbosacral neuritis/radiculopathy. According to progress note of January 15, 2015, the injured workers chief complaint was neck and back pain. The injured worker rated the pain 10 out of 10 without pain medication and 3 out of 10 with pain medication; 0 being no pain and 10 being the worse pain. The injured workers pain level was 8 at this visit. The physical exam noted antalgic, weakness and deliberate steppage gait due to left foot drop, injured worker wears an AFO to the left foot. The lumbar spine noted spasms. There was decreased strength of the left lower extremity. There was tenderness over the AC joint, subacromial bursitis and painful limited range of motion. The left elbow full range of motion with terminal pain on flexion and extension. The right knee tenderness over the medial joint line and limited range of motion. There was painful patellofemoral crepitus was noted. There was positive McMurray's testing with diffuse medial swelling with some bruising. The injured worker definitely had lumbar facet loading pain on exam. The treatment plan included second medial branch block at L4 with fluoroscopy guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second right medial branch block at L4 under flourosopic guidance: 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-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Low back and pg 36.

Decision rationale: According to the guidelines, 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. The claimant had radicular findings on exam with a positive straight leg raise test and decreased sensation in the left L4 dermatome. This was a request for a 2nd block. There is no documentation for the findings on the 1st block. The request does not meet the guidelines criteria and is not medically necessary.