

Case Number:	CM15-0058882		
Date Assigned:	04/03/2015	Date of Injury:	11/02/1995
Decision Date:	05/07/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/27/2015

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, 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 68 year old male, who sustained an industrial injury on 11/2/95. He has reported a low back injury while at work. The diagnoses have included facet arthropathy, degenerative disc disease of the lumbar spine, lumbar spondylosis without myelopathy, fracture of the lumbar vertebrae, and lumbar radicular pain. Treatment to date has included medications, pain management, physical therapy, medial branch block, Home Exercise Program (HEP) and conservative measures. The current medications included Oxycontin, Cyclobenzaprine, Naproxen, Neurontin, Omeprazole and Tramadol. Currently, as per the physician progress note dated 2/18/15, the injured worker complains of pain in the low back which he has been experiencing for over ten years. The pain was described as constant with numbness, pressure and pins and needles. The pain was also described as shooting, stabbing and throbbing and radiates to the bilateral lower extremities. The pain was rated 7/10 on pain scale and with use of medication the pain is decreased to 4/5/10 and manageable. It was noted that the injured worker would like to get another injection as he received one in October 2014 and it alleviated the back pain and left lower leg pain by more than 50 percent with less radicular pain reported. He states that without the use of his medications the pain would be rated 9/10. Physical exam revealed lumbar left and right lateralization was decreased and sacroiliac distraction test was positive on the right. The treatment plan was to continue medications with re-fills, urine drug screen and follow up visit in 30 days. The physician requested treatment includes 1 Left lumbar L4, L5, and S1 Medial Branch Block for diagnosis of facet arthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left lumbar L4, L5, S1 Medial Branch Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Diagnostic Blocks (Injections) Topic.

Decision rationale: Regarding the request for lumbar medial branch blocks, the CA MTUS references ACOEM Chapter 12, which specify invasive techniques such as facet blocks, are of questionable merit. These injections may be appropriate in the transitional phase from acute to chronic pain. More specific recommendations as found in the ODG as cited below: "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. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. (Franklin, 2008)" In the case of this injured worker, there is documentation of concomitant radicular symptomatology. This was documented in a progress note as recent as Feb 2015. Given this, this request is not medically necessary.