

Case Number:	CM15-0059579		
Date Assigned:	04/06/2015	Date of Injury:	07/14/2014
Decision Date:	06/11/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/30/2015

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: New Jersey

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 is a 63 year old male with an industrial injury dated 06/25/2014. His diagnoses included cervical disc protrusion, cervical radiculopathy, lumbar disc protrusion, lumbar facet hypertrophy, lumbar impingement syndrome, left shoulder impingement syndrome, left shoulder internal derangement and left rotator cuff tear. Prior treatment includes medication, physical therapy and acupuncture. He presents on 03/09/2015 with complaints of cervical spine, lumbar spine and left shoulder pain. There was tenderness to palpation of the cervical spine with decreased range of motion. Left shoulder is tender to palpation with decreased range of motion. Treatment plan included acupuncture to left shoulder, physical therapy, orthopedic surgical consult, pain management and internal medicine consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medial branch block at L3, L4, and L5: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back section, facet joint pain/injections.

Decision rationale: The MTUS Guidelines do not address facet joint injections. The ODG suggests that for a diagnosis of facet joint pain, tenderness over the facet joints, a normal sensory examination, absence of radicular findings (although pain may radiate below the knee), and normal straight leg raising exam are all requirements of the diagnosis. If evidence of hypertrophy encroaching on the neural foramen is present then only two out of the four requirements above may allow for an accurate diagnosis of facet joint pain. The ODG also discusses the criteria that should be used in order to justify a diagnostic facet joint injection for facet joint disease and pain, including 1. One set of diagnostic medial branch blocks with a response of greater or equal to 70% and lasting for at least 2 hours (lidocaine), 2. Limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally, 3. Documentation of failure of conservative treatments for at least 4-6 weeks prior, 4. No more than 2 facet joints injected in one session, 5. Recommended volume of no more than 0.5 cc per joint, 6. No pain medication from home should be taken at least 4 hours prior to diagnostic block and for 4-6 hours afterwards, 7. Opioids should not be given as a sedative during procedure, 8. IV sedation is discouraged, and only for extremely anxious patients, 9. Pain relief should be documented before and after a diagnostic block, 10. Diagnostic blocks are not to be done on patients who are to get a surgical procedure, and 11. Diagnostic blocks should not be performed in patients that had a fusion at the level of the planned injection. In the case of this worker, although it was documented that there was lumbar tenderness, there was insufficient enough detail provided in the notes to suggest there was specifically facet joint disease to warrant a diagnostic injection. Also, too many injections were requested to be performed at once. Therefore, the request for bilateral medial branch block at L3, L4, and L5 is not medically necessary at this time.