

<b>Case Number:</b>	CM15-0059905		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	08/13/2014
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 is a 61-year-old male, with a reported date of injury of 08/13/2014. The diagnoses include plantar fasciitis, ankle pain, low back pain, neck pain, brachial neuritis or radiculitis, lumbar sprain, neck sprain, and arthropathy of the spinal facet joint. Treatments to date have included physical therapy, an MRI of the lumbar spine and left foot, and trigger point injections. The medical report dated 03/05/2015 indicates that the injured worker complained of neck, back, and left foot/ankle pain. He was status post left L5 and S1 selective nerve root block (SNRB), and had more than 80% improvement of the pain in the back and left leg. The injured worker was now noting the return of the pain. The physical examination showed tenderness over the sciatic notch, lumbar paraspinals, left ankle and heel, and cervical spine; trigger points over the lumbar paraspinals and cervical spine; full range of motion of the left ankle; pain with range of motion of the cervical spine; full range of motion of the shoulders and mild positive impingement signs at the bilateral shoulders. The treating physician requested a repeat left L5 and S1 selective nerve root block (SNRB).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat left L5 and S1 selective nerve root block (SNRB): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 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. In this case, the claimant had a block 2 months prior. Current exam findings show a positive straight leg raise consistent with radicular signs. The effect of the block was short-term. In addition, the intention of the block is for diagnostic purposes and is to be followed with facet neurotomy. There was no indication for a plan of such procedure. The request for an additional nerve block is not medically necessary.