

Case Number:	CM14-0167661		
Date Assigned:	10/14/2014	Date of Injury:	05/02/2007
Decision Date:	11/18/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/10/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical records reflect the claimant is a 42 year old male who sustained a work injury on 5-2-07. The claimant is being treated with medications. The claimant had an MRI done on 8-6-14 that showed at L3-L4 attenuation of the ventral subarachnoid space with no impingement on the thecal sac. At L4-L5, a moderate bilateral neural foraminal stenosis with no impingement. At L5-S1, the disc is desiccated and moderate to severe foraminal stenosis impingement on both L5 nerve roots. Office visit on 9-4-14 notes the claimant has pain rated as 7/10 in eh lumbar spine and bilateral leg pain. On exam, the claimant has 5.5 strength, equal DTR, normal sensory exam. Medical Records reflect the claimant has had prior facet joint ablations with positive results.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Diagnostic Lumbar Medial Branch Block at the Bilateral L4-L5 and L5-S1 Facet Joints under Fluoroscopy and Intravenous Sedation: 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), Treatment Index, 11th Edition (web), 2014, Low Back-Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks injections)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back - Facet joint diagnostic blocks (injections)

Decision rationale: CA MTUS is silent regarding the request. ODG notes that 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. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 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. Opioids should not be given as a "sedative" during the procedure. 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. 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. There is an absence in documentation noting that this claimant has facet mediated pain. Additionally, prior facet therapeutic ablations had been done in the past. Performing diagnostic blocks after therapeutic blocks is not supported. Moreover, IV sedation is being requested with the procedure. Guidelines indicate that 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. Therefore, the medical necessity of this request is not established.