

Case Number:	CM14-0180360		
Date Assigned:	11/05/2014	Date of Injury:	11/08/2012
Decision Date:	12/10/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/30/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 40 year old employee with date of injury of 11/8/2012. Medical records indicate the patient is undergoing treatment for lumbago and pain in joint lower leg. Subjective complaints include left knee and low back pain. The patient reports a decrease in pain from her previous facet injection. She was able to do 50% more compared to before the injection and has a 50% increase in tolerance in walking, bending and lifting. Her pain decreased from 8-9/10 on the VAS scale to a 6/10. Objective findings include Achilles and patellar reflexes are 1 on left and right. Lumbar extension is 10 degrees; right lateral bending 20 degrees and left lateral bending, 15 degrees. There was tenderness to palpation over lower lumbar facet joints, left greater than right. Straight leg raise is negative. There was spasm and guarding over the lumbar spine. In the left knee there was tenderness to palpation over the knee and bilateral joint space. There was mild warmth and edema in the left knee when compared to the right. Range of motion of left knee flexion was decreased, extension was full. Right knee had full range of motion with flexion and extension. Treatment has consisted of a lumbar facet injection on 9/9/2014; chiropractic care and acupuncture. Medications include Naproxen and Pantoprazole. The utilization review determination was rendered on 10/1/2014 recommending non-certification of One confirmatory bilateral lumbar facet nerve block at L3-4 and L4-5 with fluoroscopic guidance and IV sedation; One prescription of Capsaicin 0.075% cream #1 and One prescription of Diclofenac Sodium 1.5% gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

One confirmatory bilateral lumbar facet nerve block at L3-4 and L4-5 with fluoroscopic guidance and IV 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), Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), Other Medical Treatment Guideline or Medical Evidence: Up to Date, Subacute and chronic low back pain: Nonsurgical interventional treatment

Decision rationale: According to guidelines, clinical presentation should be consistent with facet joint pain, signs & symptoms, criteria for the use of diagnostic blocks for facet "mediated" pain: 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. ACOEM additionally states, "Does not recommend Diagnostic Blocks". Similarly, Up to Date states "Facet joint injection and medial branch block -- Glucocorticoid injections into the facet joint have not been shown to be effective in the treatment of low back pain. A 2009 American Pain Society guideline recommends against their use". The treating physician documents that the patient had a facet nerve block on 9/9/14 for diagnostic purposes. Guidelines do not support repeat confirmatory blocks. As such, the request for one confirmatory bilateral lumbar facet nerve block at L3-4 and L4-5 with fluoroscopic guidance and IV sedation is not medically necessary.