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| Case Number: | CM13-0063186 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 07/01/1993 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 11/15/2013 |
| Priority: | Standard | Application Received: | 12/09/2013 |

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 52 year old male, who sustained an industrial injury on 7/1/93. He has reported low back injury after lifting weights as a sheriff. The diagnoses have included low back pain, post laminectomy syndrome and lumbosacral spondylosis. Treatment to date has included medications, diagnostics, surgery and physical therapy. Surgery included discectomy/laminectomy 9/14/94, exploratory laminectomy fusion attempt 12/7/97, laminectomy/fusion 4/23/99, cervical fusion 2009 and knee surgeries right and left 2012 and 2013. Currently, the injured worker complains of exacerbation of low back pain which is dull, achy and stabbing. The pain is aggravated by motions and activity and relieved with bed rest and medications. It is associated with leg weakness, tingling, numbness and incontinence of bowel and bladder. He states that he would like to try physical therapy again. He has been taking Naproxen over the counter and Ultram to manage the pain. The Magnetic Resonance Imaging (MRI) of the lumbar spine dated 8/5/13 revealed disc bulge more prominent on the left and left facet hypertrophy and L5-S1 stabilization with placement of interpedicular screws. The current medications were Tramadol, Naproxen and lovastatin. Physical exam revealed lumbar spine had moderate tenderness to palpation right and left side. There was limited range of motion with pain on extension, sidebend and rotation bilaterally. There were no documented physical therapy sessions noted. Treatment was medications and facet joint injection. On 11/15/13 Utilization Review non-certified a request for JOINT INJECTION FACET, DIAG, BILATERAL L4-S1, noting that a proper course of conservative treatment prior to the diagnostic facet should first be

in place; the requested procedure does not meet guidelines. The (MTUS) Medical Treatment Utilization Schedule and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Joint Injection Facet, Diagnostic, Bilateral L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back Pain Chapter

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 injection level. In this case, the claimant had undergone a spinal fusion. There were radicular symptoms noted. Based on the criteria above, the request for a diagnostic facet block is not medically necessary.