

Case Number:	CM15-0113054		
Date Assigned:	06/19/2015	Date of Injury:	07/10/2008
Decision Date:	07/20/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/11/2015

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 47 year old male who sustained an industrial injury on 07/10/2008. Diagnoses include degenerative disc disease of the lumbosacral region, herniation of a lumbar disc, lumbago, chronic pain syndrome, displacement of intervertebral disc without myelopathy, radicular syndrome-thoracic/lumbosacral, and spinal stenosis of the lumbar region, degeneration of intervertebral disc, Schmorl's nodes, lumbar region, depression, and overweight. Treatment to date has included diagnostic studies, medications, and physical therapy. A physician progress note dated 05/05/2015 documents the injured worker complains of chronic low back pain. He rates his pain in the lower back as a 6-7 out of 10 on the pain scale. He has right lower extremity numbness, tingling and pain to the right knee on occasion. He states standing and activity aggravates the pain. Lying down helps alleviate his pain. His medications include Ibuprofen, Norco and Protonix. He notes a reduction in pain of 50-60% with his medications. He can perform his activities of daily living with less pain, and has increased functionality. He has no side effects. He is tender to palpation over the lumbar-sacral spine, and pain with extension past neutral, there is decreased sensation to the right L4, L5 dermatome to light touch. He has a normal gait. The treatment plan is for the continuation of his medication management, recommend an updated Magnetic Resonance Imaging of the lumbar spine. Treatment requested is for Lumbar Medial Nerve Branch Block Bilateral L3-5 Facet Joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Medial Nerve Branch Block Bilateral L3-5 Facet Joints: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG-pain 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. In this case, the claimant has sensory changes in the L4 region. An MRI to evaluate cord compression is unknown. The request does not meet the guidelines and the lumbar MBB is not medically necessary.