

Case Number:	CM15-0122709		
Date Assigned:	07/07/2015	Date of Injury:	01/11/2012
Decision Date:	08/10/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/25/2015

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: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 48-year-old female who sustained an industrial injury on 1/11/2012 resulting in low back pain. The injured worker was diagnosed with lumbosacral facet arthropathy, lumbar spinal stenosis, and sacrolitis. Treatment has included physical therapy, electrical stimulation, cortisone treatments, medication, and rest. She reports temporary pain relief from these treatments, but continues to present with low back pain radiating to the right buttock. The treating physician's plan of care includes right L5-S1 dorsal ramus sensory nerve block, and anesthetic agent injection of peripheral nerve or branch. She is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 dorsal ramus sensory nerve block: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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: Per the ODG guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool, citing minimal evidence for treatment. The ODG indicates that criteria for facet joint diagnostic blocks (injections) are as follows: 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. [Exclusion Criteria that would require UR physician review previous fusion at the targeted level. (Franklin, 2008)] I disagree with the UR physician's assertion that this is a request for sacroiliac joint denervation, on 5/26/15 the treating physician recommended diagnostic block of the sensory fibers including, L5-S1 dorsal ramus to the sacroiliac joint to determine the pain generator and whether the injured worker would be a candidate for radiofrequency ablations. The ptp is expressing that the injured worker has lower back pain, which is partially due to facet arthropathy and partially due to sacroiliac joint pain. The role of sacroiliac joint pain radiofrequency ablation is immaterial in assessing the medical necessity of L5-S1 facet joint denervation in a patient diagnosed with lumbar facet arthropathy and who has lower back pain. It was presumptuous of the UR physician to assume that this procedure would only be helpful for sacroiliac joint pain only. Therefore, the request is medically necessary.

Injection, anesthetic agent: other peripheral nerve or branch: Upheld

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