

Case Number:	CM15-0127353		
Date Assigned:	07/14/2015	Date of Injury:	08/02/2012
Decision Date:	08/10/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/01/2015

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 64 year old female, who sustained an industrial injury on 8/2/12. She has reported initial complaints of pain in the right shoulder, lower back, left groin, and right arm. The diagnoses have included sprain of the lumbar region, lumbosacral spondylosis, lumbago, lumbar disc displacement and right shoulder sprain. Treatment to date has included medications, light duty, diagnostics, physical therapy, chiropractic, Transcutaneous electrical nerve stimulation (TENS), exercise, shoulder injection, and epidural steroid injection (ESI). Currently, as per the physician progress note dated 6/16/15, the injured worker complains of the low back symptoms not improving and sleep is poor. There is pain with sitting and bending. She reports that the epidural steroid injection (ESI) has been helpful and flared up after lifting her grandson. She reports that she is learning to deal with the chronic back pain. The objective findings reveal that lumbar flexion is 40 degrees and extension is 10 degrees with a lot of pain. The straight leg raise is positive on the right. The gait is slow and she is slow going with sitting to standing position. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The current medications included Turmeric, Pamelor, and Acetaminophen. There is no previous therapy sessions noted in the records. The physician requested treatment included Medial Branch Block (MBB) of right L2-L5 MB nerve levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block (MBB) of right L2-L5 MB nerve levels: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back and pg 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 procedure at the planned injection level. According to the ACOEM guidelines, invasive procedures are not recommended due to short-term benefit. In this case, the claimant had 3 ESI of the lumbar spine with a recent one completed 3 months ago. In addition ESI are only recommended for those with radiculopathy while MBB is for those without radiculopathy. Recent exam findings noted a positive straight leg raise suggesting radiculopathy. Based on the guidelines and the conflicting need for the interventions, the request for the MBB is not medically necessary.