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| Case Number: | CM15-0179118 | | |
| Date Assigned: | 10/13/2015 | Date of Injury: | 03/29/2006 |
| Decision Date: | 12/01/2015 | UR Denial Date: | 08/17/2015 |
| Priority: | Standard | Application Received: | 09/11/2015 |

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: 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 69-year-old male, with a reported date of injury of 03-29-2006. The diagnoses include chronic pain syndrome, lumbar post laminectomy syndrome, low back pain, spinal enthesopathy, lumbar facet arthropathy, lumbosacral spondylosis without myelopathy, and unspecified fasciitis. Treatments and evaluation to date have included epidural and facet blocks (temporary relief for a couple of days), Norco, Norflex, Flexeril, Mobic, lumbar medial branch diagnostic blocks at T12-L2 on 12-18-2014, transdermal compound creams, Tramadol, facet blocks at bilateral T12-L1 and L1-2 on 09-29-2014, and radiofrequency neuroablation of the bilateral T12-L2 medial branch nerve on 02-19-2015. The diagnostic studies to date have included an MRI of the lumbar spine on 07-31-2014 which showed disc osteophyte complex at L1-2 with mild spinal canal narrowing, facet arthropathy at L1-2, moderate neural foraminal narrowing at L1-2, widely patent spinal canal at L2-3, L3-4, and L4-5 with posterior decompression, and moderate bilateral neural foraminal narrowing at L5-1 from a combination of disc osteophyte complex and facet arthropathy; and urine drug screens on 12-01-2014, 05-05-2014, 01-26-2015, 02-19-2015 with negative findings, 02-23-2015 with inconsistent findings for opioids, 03-25-2015 with inconsistent findings for opioids, and 05-28-2015 with consistent findings. The follow-up report dated 07-30-2015 indicates that the injured worker complained of low back pain, which was worsened with prolonged sitting and standing. It was noted that the pain medication was not helping to decrease the pain as it used to. The injured worker rated his pain 8 out of 10 with medications, and 9 out of 10 without medications. The medical report dated 06-25-2015 indicates that the injured worker rated his pain 5-6 out of 10 with medications,

and 8 out of 10 without medications. The physical examination (07-30-2015) showed lumbar spinal tenderness; lumbar paraspinal tenderness; lumbar facet tenderness at L5-S1; positive lumbar facet loading maneuvers; and normal bilateral straight leg raise test. It was noted that the injured worker had failed multiple conservative therapies including physical therapy, NSAID (non-steroidal anti-inflammatory drug), TENS, and various medication trials for greater than 6 months without benefit. The treatment plan included a diagnostic bilateral L5-S1 associated medial branch block. The injured worker's work status was noted "as determined by primary treating physician". The treating physician requested a diagnostic bilateral L5-S1 medial branch block. On 08-17-2015, Utilization Review (UR) non-certified the request for a diagnostic bilateral L5-S1 medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic bilateral L5-S1 medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) - Facet joint diagnostic blocks (injections).

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)] The documentation submitted for review indicates that the injured worker indeed suffers from radiculopathy. Per progress report dated 9/22/15, it was noted that the injured worker has persistent bilateral lower extremity weakness and numbness. As this procedure is limited to patients with low-back pain that is non-radicular, the request is not medically necessary.