

Case Number:	CM15-0179208		
Date Assigned:	09/21/2015	Date of Injury:	11/06/2013
Decision Date:	10/30/2015	UR Denial Date:	09/01/2015
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 62 year old female who sustained an industrial injury on 11-06-2013. Diagnoses include lumbosacral neuritis, lumbago, and lumbar sprain. A physician progress note dated 08-21-2015 documents the injured worker has complaints of chronic pain in the right shoulder as well as the lower back with pain extending down the right leg. She rates her pain as 6 out of 10 on the pain scale. She has decreased range of motion of the lumbar spine secondary to pain. The injured worker would benefit from epidural steroid injections. A progress note dated 07-15-015 documents the injured worker has complaints of chronic pain in the right shoulder as well as the lower back with pain extending down the right leg. She rates her pain as 6 out of 10 on the pain scale. She has decreased range of motion of the lumbar spine secondary to pain. There is positive lumbar tenderness and paraspinous muscle spasming. In a physician note dated 06-17-2015, she has continued right shoulder as well as her lower back pain with pain radiating to her right leg is basically the same and it is rated 5 out of 10. Treatment to date has included diagnostic studies, medications, 18 physical therapy visits, epidural steroid injections, and right shoulder arthroscopy and debridement. Current medications were not found in documentation provided. The last Magnetic Resonance Imaging of the lumbar spine was done on 12-20-2013 and showed mild degenerative disc changes with mild broad based bulging disc at L3-L4 and at L4-L5 mild right neuroforaminal stenosis due to degenerative changes. On 09-01- 2015 the Utilization Review non-certified the request for bilateral L3-L4 medial branch, bilateral L5 dorsal ramus block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L4 medial branch, bilateral L5 dorsal ramus block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 right sided radiculopathy into the foot which is corroborated by MRI dated 12/20/13 which showed mild degenerative disc changes with mild broad based bulging disc at L3-L4 and at L4-L5 mild right neuroforaminal stenosis. As this procedure is limited to patients with low-back pain that is non-radicular, the request is not medically necessary.