

Case Number:	CM15-0047549		
Date Assigned:	03/19/2015	Date of Injury:	01/20/2012
Decision Date:	06/24/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/12/2015

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: Massachusetts

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 59 year old female, who sustained an industrial injury on 1/20/2012. The current diagnoses are cervical pain/cervicalgia, low back pain/lumbago, and shoulder joint pain. According to the progress report dated 1/15/2015, the injured worker complains of neck pain with stiffness and burning, difficulty sleeping, bilateral shoulder pain, and low back pain and stiffness. The pain is rated 9/10 on a subjective pain scale. She feels she is having difficulty doing normal activities and only able to do things in short intervals. The physical exam of the cervical spine reveals tenderness to palpation over the facet joints and diminished range of motion. Examination of the lumbar spine reveals tenderness to palpation over the midline, paraspinals, and lower facet areas. The current medications are Citalopram, Butrans patch, Lidocaine gel, Ibuprofen, Tramadol, and Gabapentin. Treatment to date has included medication management and bilateral medial branch blocks L3-4, L4-5, L5-S1 (11/20/2014). Prior to the medial branch block, pain score was 9/10; post-op pain score was 0/10. The plan of care includes bilateral lumbar medial branch block L3-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Medial Branch Block L3-S1 Bilateral: Upheld

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 ODG, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet Injections.

Decision rationale: 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 injured workers with 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 injured worker 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 injured worker 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 injured workers in whom a surgical procedure is anticipated. (Resnick, 2005)11. Diagnostic facet blocks should not be performed in injured workers who have had a previous fusion procedure at the planned injection level. Exclusion Criteria that would require UR physician review: Previous fusion at the target level. The current request is for more than 2. This is in contrast to the guidelines as outlined in the ODG above that no more than 2 levels should be injected at any one time. Therefore, at this time, the requirements for treatment have not been met and therefore, it is not medically necessary.