

Case Number:	CM15-0065525		
Date Assigned:	04/13/2015	Date of Injury:	07/01/2014
Decision Date:	05/11/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/08/2015

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 30 year old male, who sustained an industrial injury on 7/1/2014. He reported head, low back and hip injury after hitting his head on drywall after slipping on a ladder. The injured worker was diagnosed as having cervical disc herniations, lumbar facet arthropathy at L4-5 and L5-S1 with magnetic resonance imaging evidence of facet arthropathy and synovial cysts at L4-5, L5-S1. Treatment to date has included x-rays, medications, computed tomography scan, magnetic resonance imaging, and electrodiagnostic studies. The request is for one right L4-5, L5-S1 facet injection and drainage of synovial cyst. On 4/1/2015, he was seen for follow up after having transforaminal epidural steroid injection at L4, L5, S1 nerve roots. He reported increased pain and currently rates his pain as 9/10 in the low back. He has completed 12 physical therapy sessions, and indicates this to not help. He reports exercising increases his pain. The treatment plan included: request is for one right L4-5, L5-S1 facet injection and drainage of synovial cyst, and discussion of treatment options.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right L4-5, L5-S1 facet injection and drainage of synovial cyst: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar and Thoracic (Acute & Chronic).

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 Pain and page 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. In this case, the claimant had a prior EMG and an epidural injection sue to having radiculopathy. As a result, the claimant does not meet the criteria for a facet block. The facet block is not medically necessary. The synovial cyst could have been equally treated with an ESI therefore drainage under a facet block is not medically necessary.