

Case Number:	CM15-0067337		
Date Assigned:	04/15/2015	Date of Injury:	07/27/1999
Decision Date:	05/14/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/09/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 07/27/1999. The injured worker was diagnosed with lumbar spinal stenosis, lumbar disc displacement without myelopathy, degenerative disc disease lumbar, cervical disc displacement and lumbago. The injured worker is status post a lumbar laminectomy (no date documented), intrathecal pump placement and a diagnostic facet injection on January 20, 2015. Treatment to date has included diagnostic testing, surgery, epidural steroid injection (ESI), physical therapy, facet injections, intrathecal pump placement with medication refills and oral medications. According to the primary treating physician's progress report on Mar 17, 2015, the injured worker presented for an intrathecal pump refill. The injured worker continues to experience low back pain with burning leg pain with extension, standing and walking. Examination of the lumbar spine demonstrated spasm and guarding in the lumbar spine and a left positive straight leg raise. There was reproducible lumbar spine pain with extension and rotation bilaterally. Sensation was decreased in the dermatome left L5. Current medications are listed as Preservative Free (Pf) Fentanyl + Clonidine via intrathecal pump, Hydrocodone, Cyclobenzaprine and Topiramate. Treatment plan consists of a refilling the intrathecal pump, continue with Hydrocodone, Cyclobenzaprine and Topamax and the current request for a bilateral permanent radiofrequency facet injection with fluoroscopy and IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Permanent Lumbar Facet Injection w/fluoroscopic and IV (intravenous) sedation:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Facet Joint Diagnostic Blocks (injections) and Facet Joint Radiofrequency Neurotomy; Neck chapter; Pain chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections) Other Medical Treatment Guideline or Medical Evidence: Up to Date, Subacute and chronic low back pain: Nonsurgical interventional treatment.

Decision rationale: ACOEM Guidelines state "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." MTUS is silent specifically about facet injections, but does refer to epidural steroid injections. ODG and MD Guidelines agree that: "One diagnostic facet joint injection may be recommended for patients with chronic low back pain that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments (e.g., NSAIDs, aerobic exercise, other exercise, manipulation) in order to determine whether specific interventions targeting the facet joint are recommended. If after the initial block/blocks are given (see "Diagnostic Phase" above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported." ODG details additional guidelines: 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. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. The treating physician notes that the patient does not tolerate NSAIDs well, but provides no additional details of failure of conservative therapies. The treating physician also notes physical therapy sessions were tried, but does not provide objective or subjective findings to detail the failure. Treatment notes did not detail other conservative treatment failures. There is no justification for the use of IV sedation, which the guidelines discourage. As such, the request for Bilateral Permanent Lumbar Facet Injection w/fluoroscopic and IV (intravenous) sedation is not medically necessary.