

Case Number:	CM15-0073090		
Date Assigned:	05/14/2015	Date of Injury:	03/02/2014
Decision Date:	06/12/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/16/2015

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 36 year old male, who sustained an industrial injury on 3/2/14. The diagnoses have included low back pain/strain, left knee pain/meniscal tear, lumbosacral spondylosis without myelopathy, and lumbago. Treatment to date has included medications, knee surgery, activity modifications, chiropractic sessions, physical therapy, massage therapy, acupuncture, bilateral lumbar epidural steroid injection (ESI) with only partial temporary relief and home exercise program (HEP). Currently, as per the physician progress note dated 4/1/15, the injured worker is status post bilateral epidural steroid injection (ESI) which he states that he had 10-15 percent relief of pain for one day. He continues to complain of constant aching pain rated 7/10 on pain scale with occasional shooting pains in the bilateral legs. The physical exam reveals facet tenderness in the lumbar spine area bilaterally, decreased lumbar range of motion due to pain, and reproduction of pain with facet loading of the lumbar spine. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 10/2014 reveals spondylotic degenerative changes, annular disc bulge, facet arthropathy, annular fissure, foraminal narrowing and disc protrusion. The current medications included Ibuprofen, Gabapentin and Dyna MD pain cream topically. The physician requested treatment included bilateral interarticular facet blocks at L4-L5, L5-S1 under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral interarticular facet blocks at L4-L5, L5-S1 under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet Joint Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG-low back pain and MBB Page(s): 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 ESI indicating radicular symptoms as confirmed with numbness and a positive straight leg raise on 2/15/15. Since the claimant had prior ESI and radicular symptoms, the claimant does not meet the guidelines above for a facet block and the request above is not medically necessary.