

Case Number:	CM15-0096836		
Date Assigned:	05/27/2015	Date of Injury:	05/05/2003
Decision Date:	07/03/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	05/19/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old male who sustained an industrial injury on 05/05/2003 resulting in neck, right upper extremity and mid/low back pain/injury. The Injured worker was diagnosed with cervical strain/sprain with radiculitis, cervical dysfunction, thoracic strain/sprain, lumbar strain/sprain, and shoulder strain/sprain. Treatment provided to date has included: physical therapy (numerous sessions); chiropractic therapy (unknown number of sessions); lumbar epidural injections (numerous injections); cervical epidural injections (numerous), and facet blocks to the lumbar spine. Diagnostic tests performed include: x-rays of the neck and back (05/15/2003); MRI of the cervical spine (06/27/2003) showing multilevel degenerative disc/bulge/protrusion resulting in central stenosis and uncovertebral arthropathy; MRI of the lumbar spine (09/25/2003) showing degenerative disc disease, borderline congenital central canal stenosis, hypertrophic facet arthropathy, and left neural foraminal and lateral recess stenosis; and MRI of the lumbar spine (10/09/2014) showing a transitional vertebra at the lumbosacral junction, broad-based posterior and left paracentral as well as foraminal herniation of L5-S1 disc (12mm) with superior migration causing mild to moderate narrowing of the central canal and left neural foramen, small broad-based posterior herniation of the L4-5 disc (4mm) causing mild narrowing of the central canal and neural foramina bilaterally, and diffuse multilevel disc bulging causing multilevel narrowing of the neural foraminal and central canal. Other noted dates of injury documented in the medical record include: 09/08/2001 (right knee) and left cubital tunnel syndrome with an unknown date. There were no noted comorbidities. On 03/31/2015, physician progress report noted complaints of low back pain which is greater on the

left than the right. The injured worker has had numerous epidural injections in the past to the lumbar spine which were noted to have provided 3-6 months of pain relief; however, it was also noted that more recent injections have lasted for about 1 (one) week. It has been recommended that the injured worker undergo a lumbar fusion surgery, but it was also recommended that the injured worker undergo/receive a facet protocol implant prior to the lumbar fusion surgery. The injured worker underwent an initial set of lumbar medial branch blocks on 03/09/2015 to test the bilateral L4-5 and L5-S1 facet joints which was reported to have provided 85% reduction in low back pain and improved lumbar extension and rotation. Additional complaints include neck pain. The physical exam revealed tenderness over the axial spine facet joints, stiffness and pain with range of motion of the lumbar spine, minor tenderness over the SI joints and trochanters, and positive right straight leg raise. The provider noted diagnoses of rule out facet mediated pain with 1st set of medial branch blocks completed, lumbar degenerative disc disease, right lumbar radicular pain, and cervical degenerative disc disease. Due to ongoing pain, the injured worker agrees to the plan for surgical intervention. Plan of care includes a 2nd set of medial branch blocks to test L4-5 facet joints. The injured worker remained disabled. Requested treatments include: lumbar spine L4-5 branch block injection, lumbar spine injection to additional level of L5-S1, intravenous sedation, and fluoroscopy guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection-Spine Bilateral Lumbar Branch Block L4-5 Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Guidelines, 3rd Edition, 2011, Low Back Disorders, pages 604, 619.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic -Acute & Chronic- Chapter, Facet joint diagnostic blocks -injections.

Decision rationale: The patient complains of neck pain and lower back pain, rated at 6/10, as per progress report dated 03/31/15. The request is for Injection-Spine Bilateral Lumbar Branch Block L4-5. The RFA for this case is dated 04/01/15, and the patient's date of injury is 05/05/03. MRI of the lumbar spine, dated 10/09/14, revealed disc herniation at L4-5 and L5-S1 with mild central canal and neural foraminal narrowing. Diagnoses, as per progress report dated 03/31/15, included lumbar degenerative disc disease, right lumbar radicular pain, and cervical degenerative disc disease. Medications include Naproxen and Hydrocodone. The patient is disabled, as per the same progress report. ODG Guidelines, Low Back - Lumbar & Thoracic - Acute & Chronic- Chapter, Facet joint diagnostic blocks -injections- Section states: For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally." "There should be no evidence of radicular pain, spinal stenosis, or previous fusion," and "if successful - initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks, the recommendation is to proceed to medial branch diagnostic block and subsequent neurotomy if the medial branch block is positive. 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" In this case, the patient received an initial set of lumbar medial block on 03/09/15 at L4-5 and L5-S1 facet joints. The procedure led to 85% reduction in low back pain with improved ability to extend and rotate lumbar spine. ODG, however, recommends radiofrequency ablation to patients who have experienced initial pain relief of 70% for the duration of local anesthetic used following lumbar medial branch blocks. Confirmatory or multiple diagnostic medial branch blocks are no longer supported per ODG. Additionally, ODG does not support medial branch blocks and radiofrequency ablation in patients with radicular pain. Hence, the request is not medically necessary.

Injection-Spine additional level L5-S1 Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Guidelines, 3rd Edition, 2011, Low Back Disorders, pages 604, 619.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic -Acute & Chronic- Chapter, Facet joint diagnostic blocks -injections.

Decision rationale: The patient complains of neck pain and lower back pain, rated at 6/10, as per progress report dated 03/31/15. The request is for Injection-Spine Additional Level L5-S1. The RFA for this case is dated 04/01/15, and the patient's date of injury is 05/05/03. MRI of the lumbar spine, dated 10/09/14, revealed disc herniation at L4-5 and L5-S1 with mild central canal and neural foraminal narrowing. Diagnoses, as per progress report dated 03/31/15, included lumbar degenerative disc disease, right lumbar radicular pain, and cervical degenerative disc disease. Medications include Naproxan and Hydrocodone. The patient is disabled, as per the same progress report. ODG Guidelines, Low Back - Lumbar & Thoracic -Acute & Chronic- Chapter, Facet joint diagnostic blocks injections Section states: For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally." "There should be no evidence of radicular pain, spinal stenosis, or previous fusion," and "if successful -initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks, the recommendation is to proceed to medial branch diagnostic block and subsequent neurotomy if the medial branch block is positive. 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" In this case, the patient received an initial set of lumbar medial block on 03/09/15 at L4-5 and L5-S1 facet joints. The procedure led to 85% reduction in low back pain with improved ability to extend and rotate lumbar spine. ODG, however, recommends radiofrequency ablation to patients who have experienced initial pain relief of 70% for the duration of local anesthetic used following lumbar medial branch blocks. Confirmatory or multiple diagnostic medial branch blocks are no longer supported per ODG. Additionally, ODG does not support medial branch blocks and radiofrequency ablation in patients with radicular pain. Hence, the request is not medically necessary.

Injection IV sedation Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Guidelines, 3rd Edition, 2011, Low Back Disorders, pages 604, 619.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Head chapter, Sedation.

Decision rationale: The patient complains of neck pain and lower back pain, rated at 6/10, as per progress report dated 03/31/15. The request is for Injection IV-Sedation. The RFA for this case is dated 04/01/15, and the patient's date of injury is 05/05/03. MRI of the lumbar spine, dated 10/09/14, revealed disc herniation at L4-5 and L5-S1 with mild central canal and neural foraminal narrowing. Diagnoses, as per progress report dated 03/31/15, included lumbar degenerative disc disease, right lumbar radicular pain, and cervical degenerative disc disease. Medications include Naproxan and Hydrocodone. The patient is disabled, as per the same progress report. ODG guidelines, chapter 'Head' and topic 'Sedation', states that Sedation and neuromuscular blockade are appropriate if needed for transport. Short-acting agents are preferred to allow for serial exams. (Colorado, 2005) One study found that analgesia-based sedation with remifentanyl permitted significantly faster and more predictable awakening for neurological assessment. (Karabinis, 2004) Two other studies found that a propofol-based sedation with an intracranial pressure control regimen is a safe, acceptable, and, possibly, desirable alternative to an opiate-based sedation regimen in intubated head-injured patients. In this case, ODG guidelines support the use IV sedation for the transportation of short-acting agents. However, the patient has not been authorized for lumbar branch block. Consequently, the request is not medically necessary as well.

Injection-Fluoroscopic guidance Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Guidelines, 3rd Edition, 2011, Low Back Disorders, pages 604, 619.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Fluoroscopy (for ESI's).

Decision rationale: The patient complains of neck pain and lower back pain, rated at 6/10, as per progress report dated 03/31/15. The request is for Injection Fluoroscopic Guidance. The RFA for this case is dated 04/01/15, and the patient's date of injury is 05/05/03. MRI of the lumbar spine, dated 10/09/14, revealed disc herniation at L4-5 and L5-S1 with mild central canal and neural foraminal narrowing. Diagnoses, as per progress report dated 03/31/15, included lumbar degenerative disc disease, right lumbar radicular pain, and cervical degenerative disc disease. Medications include Naproxan and Hydrocodone. The patient is disabled, as per the same progress report. ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute &

Chronic)'and topic 'Fluoroscopy (for ESI's)', has this to say about fluoroscopy Recommended. Fluoroscopy is considered important in guiding the needle into the epidural space, as controlled studies have found that medication is misplaced in 13% to 34% of epidural steroid injections that are done without fluoroscopy. While ODG guidelines support the use of fluoroscopy, the patient has not been authorized for the medial branch block. Consequently, the request for fluoroscopy is not medically necessary as well.