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| Case Number: | CM14-0133449 | | |
| Date Assigned: | 08/25/2014 | Date of Injury: | 01/22/2009 |
| Decision Date: | 11/17/2014 | UR Denial Date: | 08/12/2014 |
| Priority: | Standard | Application Received: | 08/20/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 1/22/09. A utilization review determination dated 8/12/14 recommends modification of bilateral lumbar facet joint injection under fluoroscopic guidance and IV sedation to diagnostic bilateral lumbar facet medial branch blocks at no more than 2 joint levels under fluoroscopic guidance with no IV sedation. 7/31/14 medical report identifies that the patient previously underwent medial branch blocks in the past with low back pain relief for a couple of days. "She did not have the lumbar RFA because it was determined that she did not experience any relief whatsoever from the medial branch nerve blocks. Today, she says that this was not accurate and she did experience brief relief." Lumbar epidural steroidal injection (LESI) was less effective for low back pain than previous LESI, but she has no lower extremity symptoms. Extension of the lumbar spine exacerbates her pain. On exam, there is positive facet loading. The patient reported that she may have experienced very brief relief of low back pain following medial branch blocks, but it was not clear that this was diagnostic and she reported that she experienced no pain relief once the local anesthetic wore off. The provider explains that she would probably benefit from RFA and they would try the diagnostic medial branch block again before consideration for RFA.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar facet joint injection under fluoroscopic guidance and IV sedation, body part lumbar spine: 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 (ODG) Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic)

Decision rationale: Regarding the request for facet injections, CA MTUS and ACOEM state that invasive techniques are of questionable merit. ODG guidelines state that suggested indicators of pain related to facet joint pathology include tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. They also recommend the use of medial branch blocks over intraarticular facet joint injections as, "although it is suggested that (medial branch block) MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy." Within the documentation available for review, it appears that the provider wishes to perform medial branch blocks given some confusion with regard to the patient's reporting of pain relief from prior medial branch blocks some time ago. However, the request as written is for facet joint injections and there is, unfortunately, no provision for modification of the current request from facet injections to medial branch blocks, as recommended by the guidelines. Furthermore, the joint level(s) requested for the procedure are not clearly identified and there is no clear rationale for the use of IV sedation, as this can cause false positive results when used with diagnostic blocks. In light of the above issues, the currently requested facet injections are not medically necessary.

Left lumbar facet joint injection under fluoroscopic guidance and IV sedation, body part lumbar spine: 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 (ODG) Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic)

Decision rationale: Regarding the request for facet injections, CA MTUS and ACOEM state that invasive techniques are of questionable merit. ODG guidelines state that suggested indicators of pain related to facet joint pathology include tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. They also recommend the use of medial branch blocks over intraarticular facet joint injections as, "although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better

predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy." Within the documentation available for review, it appears that the provider wishes to perform medial branch blocks given some confusion with regard to the patient's reporting of pain relief from prior medial branch blocks some time ago. However, the request as written is for facet joint injections and there is, unfortunately, no provision for modification of the current request from facet injections to medial branch blocks, as recommended by the guidelines. Furthermore, the joint level(s) requested for the procedure are not clearly identified and there is no clear rationale for the use of IV sedation, as this can cause false positive results when used with diagnostic blocks. In light of the above issues, the currently requested facet injections are not medically necessary.