

<b>Case Number:</b>	CM14-0173462		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	10/27/1994
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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:

The patient is a 52 year old female presenting with low back pain following a work related injury on 10/27/1994. On 06/13/2014, the patient reported decreased pain from 6/10 to 2/10. The patient also complained of sciatic type pain into the right leg with pain and tingling in the right buttock, posterior thigh and to calf and sole of the right foot. Lumbar X-ray showed mild to moderate scoliotic curve with the apex left at L2-3 with a rotational component, and facet joints at L5-S1 showed minor sclerosis. Lumbar from 10/30/13 showed bulging at L3-4 without central canal compromise and mild levoscoliosis. The physical exam showed an antalgic gait, decreased motor right EHL at 4/5, decreased sensation right L5 and S1 dermatomes, straight leg raise positive on the right, positive right FABER. The patient reported greater than 50% relief with medial branch blocks, 35% relief with chiropractor therapy and some temporary relief with piriformis injections. The patient was diagnosed with Sciatica, and Lumbosacral sprain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Facet Nerve Block Under Fluoroscopy and Intravenous Sedation at The Right L2-5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter: Facet Joint Pain

**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 Complaints, Treatment Consideration

**Decision rationale:** The Occupation medicine practice guidelines criteria for use of diagnostic facet blocks require: that the clinical presentation be consistent with facet pain; Treatment is also limited to patients with cervical pain that is nonradicular and had no more than 2 levels bilaterally; documentation of failed conservative therapy including home exercise physical therapy and NSAID is required at least 4-6 weeks prior to the diagnostic facet block; no more than 2 facet joint levels are injected at one session; recommended by them of no more than 0.5 cc of injectate was given to each joint; no pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4-6 hours afterward; opioid should not be given as a sedative during the procedure; the use of IV sedation (including other agents such as Modafinil) may interfere with the result of the diagnostic block, and should only be given in cases of extreme anxiety; the patient should document pain relief with the management such as 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 level to support subjective reports of better pain control; diagnostic blocks should not be performed in patients in whom a surgical procedure anticipated; diagnostic facet block should not be performed patients who have had a previous fusion procedure at the plan injection level. The physical exam does not clearly indicate facet pain; in fact the pain has a characteristic radicular pattern on exam. The request is for more than two levels of facets. Finally, the procedure request is with sedation. Given MTUS, guidelines, the requested Pain Management Facet Nerve Block under Fluoroscopy and Intravenous Sedation at the right L2-5 is not medically necessary and appropriate.