

Case Number:	CM14-0003592		
Date Assigned:	02/11/2014	Date of Injury:	10/01/2010
Decision Date:	08/26/2015	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/09/2014

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. 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 (IW) is a 42-year-old female who sustained an industrial injury 10/01/2010. Diagnoses/impressions include low back pain and facet arthropathy. Treatment to date has included medications, facet nerve blocks and physical therapy. According to the progress notes dated 12/12/13, the IW reported pain across the lower back occasionally radiating pain to her left lower extremity to the ankle. She rated her pain 6-7/10. She had kept a pain diary after the recent medial branch nerve blocks, showing her pain was 2/10 two hours after the injections, 4-5/10 at eight hours and increasing to 10/10 by 72 hours. She stated she performed activities at two hours after the injections that normally caused her pain to rate 10/10. On examination, there was limited range of motion of the lumbar spine due to pain and tenderness and spasm was noted. Sensation was decreased in the heel of the left foot. Reflexes in the knees were 2+ and hyporeactive in the ankles bilaterally. Motor testing was 4/5 in the left hip flexors, left foot invertors and evertors and the extensor hallucis longus. Babinski sign was absent and there was no evidence of clonus. An MRI of the lumbar spine dated 8/27/12 showed mild multilevel degenerative disc disease with mild central canal stenosis and mild foraminal narrowing at L4-5 and L5-S1. A request was made for bilateral L2, L3 and L4 medial branch blocks and bilateral L5 dorsal ramus block to confirm the first positive blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L2, L3, L4 MEDIAL BRANCH BLOCK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2ND EDITION, CHAPTER 12, 300.

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 Pain: Lumbar Facet Injections.

Decision rationale: Bilateral L2, L3, L4 medial branch block is not medically necessary. 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 in patients who have had a previous fusion procedure at the plan injection level. The request is for more than two facet levels; therefore, the request is not medically necessary.

BILATERAL L5 DORSAL RAMUS BLOCK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2ND EDITION, CHAPTER 12, 300.

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 Pain: Lumbar Medial Branch Block.

Decision rationale: Bilateral L5 dorsal ramus block is not medically necessary. 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 is anticipated; diagnostic facet block should not be performed in patients who have had a previous fusion procedure at the planned injection level. The request is for more than two facet levels; therefore, the request is not medically necessary.