

<b>Case Number:</b>	CM13-0014399		
<b>Date Assigned:</b>	10/02/2013	<b>Date of Injury:</b>	10/24/2004
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 45 year old female with date of injury 10/24/04. Request is for Lumbar Medial Branch Block L3, L4, and L5; Left sided S/I joint injection and TENS pads-dispensed. The initial Consultation report from [REDACTED] indicates that the patient has lumbar DDD, Sacroiliac joint dysfunction, Lumbar facet dysfunction, left greater than right. A lumbar MRI report dated 3/2005 referenced there was no disc or nerve abnormalities identified. The utilization review dated 8/20/13 denied the requests based on the diagnosis of [REDACTED] indicating that the patient has radiculopathy and that the injections requested are not recommended for treating radicular pain syndromes. The hand written primary treating report from [REDACTED] dated 7/29/13 indicates that the patient has lumbar radiculopathy with no objective findings of radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar Medial Branch Blocks at L3, L4, L5: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Integrated Treatment/Disability Duration Guidelines, Chapter on Low back - Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section on Facet Joint Diagnostic Blocks for both facet joint and dorsal median branches

**Decision rationale:** The patient presents with chronic lumbar pain. She has not received any injections since 2006. The requesting physician, [REDACTED] has documented that the patient has positive facet joint pain on palpation on the left side at L2 to the ala and on the right side at L4 to the ala. There is documentation of bilateral SI joint pain on palpation with a positive left Faber's and generalized low back myofascial pain. There is no documentation indicating that the patient has radiculopathy. There are no MRI or EMG/NCV findings to suggest radiculopathy. The utilization reviewer denied the request for facet joint evaluation based on radicular symptoms. However, this was based on a single hand-written report 7/29/13 report which listed a diagnosis of "radiculopathy" but no subjective or objective documentation for leg pain. [REDACTED] report from 7/9/13 describes the patient's pain that is located in a band like distribution across the low back with intermittent radiation to the left hip with activities. Based on the reports reviewed, it does not appear that this patient suffers from radiculopathy. The MTUS guidelines are silent on Lumbar Medial Branch Blocks so the ODG guidelines were used. ODG indicates that medical branch blocks are indicated for facet joint pathology. Recommendation is for Authorization.

**Left Sided SI Joint Injections:** 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) - Integrated Treatment/Disability Duration Guidelines, Chapter on Hip & Pelvis (Acute & Chronic) Criteria for use of Sacroiliac Blocks

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), section on Sacroiliac Joint Blocks

**Decision rationale:** Review of [REDACTED] 7/9/13 narrative report requesting left sided SI joint injections reveals a diagnosis of sacroiliac joint dysfunction and positive left Faber's test. The MTUS guidelines are silent regarding this request. The ODG guidelines specifically state that at least 3 positive exam findings from the listed testing as outlined above must be present. The documentation reviewed only shows one positive finding. Recommendation is for Denial.

**TENS Pads dispensed 7/9/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy and Criteria for use of TENS Page(s).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Criteria for the use of TENS Page(s): 116.

**Decision rationale:** The patient has chronic lower back pain as documented by [REDACTED] in the 7/9/13 report. There is mention that "Alleviating factors for the pain include stretching, use of

her TENS unit, and the application of cold compress". There is no further information regarding the areas of application, the duration of usage or how effective TENS unit is in terms of functional improvement. MTUS guidelines require documentation of frequency of use, and effectiveness in terms of function for TENS unit to be allowed. In this case, the treater does not provide the specifics regarding the patient's use and functional changes. Recommendation is for Denial.