

Case Number:	CM13-0023357		
Date Assigned:	11/27/2013	Date of Injury:	06/28/2012
Decision Date:	04/24/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/12/2013

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 Orthopedic Surgery 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:

The claimant is a 52-year-old gentleman who was injured in a work related accident on June 28, 2012. Recent assessment of November 22, 2013 indicated ongoing complaints of low back pain with radiating right leg pain, right sacroiliac joint discomfort. It stated a recent right SI joint injection was recommended, but had not yet been performed. The claimant's physical examination showed restricted range of motion of the lumbar spine with tenderness noted over the SI joint, a positive Faber's test and a positive Gillett test. Motor strength was documented to be diminished at 5-/5 to EHL and ankle plantar flexion on the right. Sensory examination was diminished to light touch in an L5 and S1 dermatomal distribution. The diagnoses were lumbar radiculopathy, low back pain, sacroiliitis, sacroiliac pain, and lumbar facet syndrome. Concordant injections were recommended in the form of a right SI joint injection and an L4-5 selective nerve root block for further treatment. Clinical imaging reviewed included a previous MRI scan from November of 2012 that showed an L5-S1 small disc protrusion with moderate facet degeneration resulting in moderate bilateral foraminal stenosis. There was also a trace disc protrusion at L4-5 with minimal foraminal narrowing. Recent treatment has included facet joint injections, previous epidural injections, medication management and activity restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 L4-5 SELECTIVE NERVE ROOT BLOCK BETWEEN 8/28/13 AND 10/12/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, selective nerve root block at the L4-5 level would not be indicated. At present, the claimant's current clinical presentation does not support a radicular process on both physical examination and imaging. The claimant's imaging at the L4-5 level demonstrated minimal disc protrusion with no evidence of compressive pathology. The Chronic Pain Guidelines recommend that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Therefore, the request for the selective nerve root block based on the claimant's current clinical picture would not be supported.

1 SACROILIAC (SI) JOINT INJECTION BETWEEN 8/28/13 AND 10/12/13: 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), Hip & Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)-- OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: HIP PROCEDURE - SACROILIAC JOINT BLOCKS

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guideline criteria, SI joint injection would not be indicated. SI joint injections are not recommended unless a clear and firm diagnosis of sacroiliac joint dysfunction is identified based on multiple parameters including pertinent positive physical examination findings and ruling out other forms of potential pain generators including the lumbar spine. The records in this case indicate clear continued lumbar etiology. The specific request of the claimant's current clinical picture would not support the acute need of a sacroiliac block.