

Case Number:	CM13-0029125		
Date Assigned:	01/24/2014	Date of Injury:	04/16/2004
Decision Date:	03/25/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/24/2013

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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, hip, and sacroiliac joint pain reportedly associated with an industrial injury of April 6, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; unspecified amounts of physical therapy; and prior L4-L5 decompressive laminectomy surgery. In a Utilization Review Report of September 10, 2013, the claims administrator denied a request for medial branch block, lumbar radiofrequency ablation procedure, SI joint injections, piriformis muscle injections, and physical therapy in unspecified amounts. The applicant's attorney subsequently appealed. The applicant does not appear to have returned to work. The applicant appears to have relocated to [REDACTED], it appears. In an October 31, 2013 progress note, the applicant reports pain ranging from 5-8/10. She has both back and leg pain; 80% of her symptoms are confined to the back while 20% of her symptoms are present about the legs. The applicant exhibits symmetric reflexes and 5/5 lower extremity strength. Little or no narrative commentary is provided. All of the information provided is conveyed through preprinted checkboxes. The applicant is described as unemployed and is a longstanding smoker since age 20. She does apparently have a limp. Physical therapy, home exercises, and interventional pain management in the form of medial branch blocks, piriformis injections, and SI joint injections are all endorsed. The applicant is given prescriptions for oxycodone, trazodone, and Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

A bilateral lumbar medial branch block at L3-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,309 Table 12-8.

Decision rationale: The Physician Reviewer's decision rationale: As noted in the Low Back Complaints Chapter of the ACOEM Practice Guidelines, facet joint injections are of "questionable merit." The ACOEM Practice Guidelines further notes that the proof is "still lacking" for diagnostic and/or therapeutic injections such as the proposed medial branch blocks sought here. The overall recommendation on facet joint injections, as a class, is "not recommended" according to the ACOEM Practice Guidelines, it is further noted. In this case, the applicant's multifocal pain complaints, comorbid radicular symptoms, and the fact that multiple interventional procedures have been sought in parallel, taken together, implies the lack of diagnostic clarity. The request for a bilateral lumbar medial branch block at L3-S1 is not medically necessary or appropriate.

Lumbar radiofrequency ablation at L3-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Table 12-8.

Decision rationale: The Physician Reviewer's decision rationale: The proposed radiofrequency ablation procedure represents a form of facet joint injection. Again, the ACOEM Practice Guidelines states that facet joint injections, as a class, are "not recommended." In this case, the lack of diagnostic clarity and the fact that multiple interventional pain procedures were sought in parallel also argues against the need for the radiofrequency ablation procedure in question. The request for lumbar radiofrequency ablation at L3-S1 is not medically necessary or appropriate.

Bilateral sacroiliac 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, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: The Physician Reviewer's decision rationale: The MTUS does not address the topic. As noted in the 2008 ACOEM Practice Guidelines, sacroiliac joint injections are "not recommended" for nonspecific low back pain, the diagnosis seemingly present here. Sacroiliac joint injections, according to the ACOEM, are recommended only in the treatment of those individuals with some rheumatologically proven spondyloarthropathy pertaining to the sacroiliac joints, such as that associated with an HLA (human leukocyte antigen) positive spondylitis. In this case, however, there is no evidence that the applicant has any confirmed rheumatologic arthropathy involving the sacroiliac joints. The request for bilateral sacroiliac joint injections is not medically necessary or appropriate.

Bilateral piriformis muscle 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, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The Physician Reviewer's decision rationale: While the MTUS does not specifically address the topic of piriformis injections, the Low Back Complaints Chapter of the ACOEM Practice Guidelines do state that invasive techniques such as "local injections" are of "questionable merit." In this case, the proposed piriformis injection does represent a form of local injection. The request for bilateral piriformis muscle injections is not medically necessary or appropriate.

Physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: The Physician Reviewer's decision rationale: As noted in the Initial Approaches to Treatment Chapter of the ACOEM Practice Guidelines, on physical methods, the value of physical therapy increases when a physician gives the therapist a specific diagnosis or description of the lesion causing an applicant's symptoms. A prescription should clearly state treatment goals. In this case, however, no clear treatment goals were provided. It is not clearly stated how much prior therapy the applicant has had over the life of the claim and what the response was. No treatment amount or treatment duration was specified by the attending provider. The prescription provided by the attending provider did not conform to the ACOEM Practice Guidelines' standard. The request for physical therapy is not medically necessary or appropriate.