

Case Number:	CM13-0032507		
Date Assigned:	12/11/2013	Date of Injury:	08/08/2001
Decision Date:	01/29/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/08/2013

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; and is licensed to practice in Ohio and Texas. 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 47-year-old male who reported an injury on August 08, 2001. The mechanism of injury was not provided. The patient was noted to have a sacroiliac (SI) joint injection on July 23, 2013 along with a bilateral L4-5 intra and extra-articular facet injection. The patient's diagnoses were noted to include lumbosacral spondylosis; sprains/strains of the sacroiliac region, not otherwise specified; lumbar or lumbosacral disc degeneration and localized primary osteoarthritis of pelvic region and thigh. The request was made for a Medial Branch Block for L4-L5 facet pathology and an SI joint medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a Medial Branch Block for L4-5 facet pathology: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

Decision rationale: The ACOEM Guidelines indicate that facet joint injections are not recommended for the treatment of low back disorders. The Official Disability Guidelines indicate that facet joint medial branch blocks as therapeutic injections are not recommended except as a diagnostic tool as minimal evidence for treatment exists. The clinical information submitted for review indicated that the patient had an L4-5 facet injection and an SI joint injection, and there was one (1) particular injection which the patient felt was the exact spot where he was symptomatic, and he was noted to have 2 days of dramatic symptom relief especially in regards to the right-sided low back and buttocks and thigh discomfort as well as groin discomfort. It was noted that the option of a rhizotomy was discussed; however, the physician needed to investigate to figure out which joint was the primary problem. However, the clinical documentation failed to provide exceptional factors to warrant nonadherence to both guidelines' recommendations; also there was a lack of a physical examination to support that the patient had facet pathology. Given the above, the request for a medial branch block for L4-5 facet pathology is not medically necessary.

The request for a SI joint medial branch block: 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 and Pelvis Chapter, SI joint injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, SI joint injections.

Decision rationale: The Official Disability Guidelines in the treatment or therapeutic phase, the suggested frequency for repeat blocks is 2 months or longer between each injection, providing that at least 70% pain relief is obtained for 6 weeks. This block is not to be performed on the same day as a lumbar epidural steroid injection or a facet joint injection or medial branch block. The clinical documentation submitted for review, while indicating that the patient had relief from one (1) of the injections, failed to indicate which injection was the point of relief as both were performed on the same date. Additionally, there was a lack of documentation that the patient had 70% pain relief for 6 weeks, as well as objective clinical findings to indicate the need for the injection. The clinical documentation indicated the request was for an SI joint injection, but per the request that was submitted; the request was for a SI joint medial branch block. Given the above, and the lack of clarification, the request for an SI joint medial branch block is not medically necessary.