

Case Number:	CM13-0039252		
Date Assigned:	12/18/2013	Date of Injury:	06/06/2009
Decision Date:	05/23/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/03/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 37 year old male that reported an injury on 05/06/2009. The mechanism of injury was not provided in the medical records for review. Clinical note dated 11/19/2013, noted the injured worker presented with bilateral low back pain complaints. Clinical records dated 11/19/2013 list the date of injury as 12/11/2008. Medication listed were OxyContin 40 mg 1 tab by mouth 3 times a day. The injured worker reported that prolonged sitting and standing, lifting, twisting, and driving activities exacerbated the pain. The injured worker reported that the lying prone, stretching, and medications alleviated the pain. The injured worker also reported he was taking Naproxen 55 mg twice a day. The injured worker was reported to previously be taking Ibuprofen, Ativan, Mmethadone, and Norco 10/325 with no effective results. Upon examination, there was tenderness upon palpation to the lumbar paraspinal muscles overlying the bilateral L5-S1 facet joints. Lumbar extension was worse than the lumbar flexion. Muscle girth was symmetric in all limbs. There was noted restriction and painful range of motion in the lower extremity and trunk. Differential diagnoses given on the clinical note were status post positive fluoroscopically-guided diagnostic bilateral L4-5 and bilateral L5-S1 facet joint medial branch block; bilateral lumbar facet joint pain at L3-S1; lumbar facet joint arthropathy; sacroiliac joint pain; and lumbar sprain/strain. Recommendations for the injured worker included follow up injections, increasing the OxyContin to 40 mg 3 times a day, the risks and benefits surrounding long-term opioid use for treatment of chronic pain, the injured worker's diagnosis and prognosis were discussed in detail, activity modifications were reinforced with the injured worker and follow-up in 4 weeks. Clinical note dated 01/07/2014 lists the date of injury as 12/11/2008. The injured worker reported increased low back pain and left buttock pain. No changes in the exacerbating factors or alleviating factors of pain were reported. Upon physical exam, the injured worker was noted to now have sacroiliac joint provocative maneuvers, including the

Patrick's and Gaenslen's were now positive on the left. There was tenderness upon palpation to the left sacroiliac joint sulcus. No other changes were noted on the clinical documentation for 01/07/2014. The Request for Authorization DWC RFA form for medical treatment dated 11/08/2013 and 01/22/2014 was for the fluoroscopically-guided diagnostic left sacroiliac joint injections with the diagnosis of a lumbar sprain and strain, lumbar facet joint arthropathy, and facet joint pain. The rationale was not provided for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUOROSCOPICALLY GUIDED DIAGNOSTIC BILATERAL L4-5 AND BILATERAL S1 FACET 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 NON-MTUS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

Decision rationale: The Expert Reviewer's decision rationale: The CAMTUS/ACOEM states invasive techniques (e.g., local injections and facet joint injections of Cortisone and Lidocaine) are of questionable merit. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines state recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels and should have a clinical presentation of facet mediated pain. The documentation presented for review failed to provide evidence of facet mediated pain on examination and failed to provide the response from the prior diagnostic blocks. Guidelines only support one diagnostic injection and then the recommendation would be to proceed to a rhizotomy if positive. The clinical information failed to provide a rationale for performing a second diagnostic facet injection and failed to provide a treatment plan supporting a rhizotomy would be performed if positive to meet guideline criteria. Therefore, the request for the fluoroscopically-guided diagnostic bilateral L4-5 and bilateral S1 facet joint medial branch block is not medically necessary.