

Case Number:	CM13-0044324		
Date Assigned:	04/25/2014	Date of Injury:	04/03/2012
Decision Date:	07/07/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/28/2013

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 41-year-old male who reported an injury on 04/03/2012 secondary to using a pallet jack. According to the documentation submitted for review, the injured worker was treated previously with physical therapy, acupuncture, and a home exercise program. His medications were noted to include Neurontin, Flexeril, and hydrocodone. An MRI of the lumbar spine performed on 05/25/2012 was noted to reveal multilevel mild ligamentum flavum and hypertrophic facet changes without evidence of disc bulge or herniation. A repeat MRI performed on 08/05/2013 was noted to be unchanged from the prior medical record. It was noted that there were mild facet degenerative changes at L5-S1 and L4-5 without disc herniation or bulge, central canal stenosis, or foraminal narrowing. An x-ray of the lumbar spine performed on 08/05/2013 was noted to reveal mild facet degenerative changes at L4-5 and L5-S1 without instability or motion on the flexion or extension views. An EMG/NCV performed on 01/06/2014 was noted to reveal normal findings. The electrodiagnostic study report stated that there was no evidence of lumbosacral radiculopathy, lumbosacral plexopathy, or peripheral neuropathy. According to the most recent clinical note dated 09/16/2013, the injured worker reported low back pain and leg pain of unknown severity. On physical examination, he was noted to have tenderness over the right sacroiliac area and positive provocative testing for right sacroiliac joint dysfunction. He was also noted to have 5/5 muscle strength in the lower extremities bilaterally. Diagnoses at that time included lumbosacral strain, possible right lumbosacral radiculopathy, possible lumbar facet syndrome, and possible right sacroiliac joint dysfunction. The injured worker was recommended for right L4-5 and L5-S1 facet injections as well as a right sacroiliac joint injection. The documentation submitted for review failed to provide a Request for Authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L4-5 AND L5-S1 AND RIGHT SI JOINT INJECTION: Upheld

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

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 Chapter, Facet joint diagnostic blocks (injections), Facet joint pain, signs & symptoms, Sacroiliac joint blocks. American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011), Chapter 9, page 339-348.

Decision rationale: The California MTUS/ACOEM Guidelines state that invasive techniques such as facet joint injections are of questionable merit. More specifically, the Official Disability Guidelines outline criteria for the use of facet injections. These guidelines state that facet injections may be used for the treatment of facet mediated pain that is nonradicular. Facet mediated pain is described as tenderness to palpation over the facet region in the paravertebral areas, with a normal sensory examination, normal straight leg raise exam, and the absence of radicular findings. According to the most recent clinical exam on 09/16/2013, the injured worker reported low back pain and leg pain. It was noted that he had a lumbosacral strain with possible lumbosacral radiculopathy. On physical examination, the injured worker was noted to have a tenderness to the right sacroiliac area and positive provocative testing for right sacroiliac joint dysfunction. There was no documentation of tenderness noted over the facets at the L4-5 or L5-S1 levels. There were no sensory exam findings or straight leg raise findings documented on the most recent clinical note. Additionally, diagnostic studies revealed only mild facet degenerative changes at L4-5 and L5-S1 without instability on flexion or extension. The medical records submitted for review indicate possible radicular subjective reports, and the objective physical examination findings and diagnostic studies are insufficient to indicate significant facet pathology. Additionally, ACOEM Guidelines do not recommend sacroiliac injections for the treatment of acute, subacute, or chronic low back pain or radicular pain thought to be sacroiliac joint related. More specifically, the Official Disability Guidelines state that for treatment with the sacroiliac block, a history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings of sacroiliac joint dysfunction. The injured worker was noted to have "provocative testing positive for right sacroiliac joint dysfunction." The medical records submitted for review failed to indicate specific positive exam findings. The guidelines also state that the diagnostic evaluation must first address any other possible pain generators. It was noted that the injured worker had a lumbosacral strain with possible right lumbosacral radiculopathy, possible lumbar facet syndrome, and a possible right sacroiliac joint dysfunction. The most recent clinical note indicates that there may be several possible pain generators to be addressed. Therefore, there is insufficient documented evidence to confirm a diagnosis of sacroiliac joint dysfunction. Based on inconsistent subjective reports, physical examination findings, and diagnostic studies, facet injections and a sacroiliac joint injection are not indicated at this time.

As such, the request for the right L4-5 and L5-S1 and right sacroiliac joint injections is not medically necessary.