

<b>Case Number:</b>	CM13-0048689		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/11/2003
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 & Rehabilitation has a subspecialty in Pain Management 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:

This patient reported a date of injury of April 11, 2003. A utilization review determination dated October 29, 2013 recommends noncertification of medial branch blocks at bilateral L45, bilateral L5-S1, and left sacroiliac injection. A progress report dated January 14, 2014 identifies subjective complaints indicating that the patient underwent bilateral medial branch blocks at L4-5 and L5-S1 with a left sacroiliac joint block for diagnostic intent. The note indicates that the pain was improved for 2-3 days and almost abated. The note indicates that the patient's pain was improved by 75%. Physical examination reveals normal motor and sensory exam with painful extension, rotation, and side bending. There is also a notation of left SI joint pain and provocative facet maneuvers on the left and right. Diagnoses include lumbar disc displacement, lumbago, spasm of muscle, and back disorder not otherwise specified. The note indicates that the patient is amenable to neural lysis, and advocates physical therapy to maintain gains achieved with the procedure. The note goes on to recommend lateral branch SI joint rhizotomy of the S1, S2, and S3 levels as well as L4-5 and L5-S1 radiofrequency rhizotomy. An appeal letter dated November 19, 2013 states that the patient has adequate conservative care. The patient has undergone physical therapy, acupuncture, and a gym membership. The note goes on to indicate that the patient has low back pain which traveled down his right leg. 70% of the pain is in his back and 30% is in his leg. The pain does not travel below the mid-thigh. Sensory and motor examination are normal, bilateral rotation inside bending with the extension is painful on the right and left. Additionally, there is left-sided sacroiliac joint pain and provocative facet maneuvers are positive on the left and right sides.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic medial branch blocks at bilateral L4-5: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC, acute & chronic Lumbar and Thoracic Spine complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections).

**Decision rationale:** Regarding the request for lumbar L4-5 medial branch blocks, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Within the documentation available for review, there are objective examination findings supporting a diagnosis of facetogenic pain including tenderness to palpation over the lumbar facets and positive facet loading. Additionally, there is a normal neurologic examination, and no radicular complaints. The requesting physician has documented failure of conservative treatment, expectation to use a rehabilitation program along with the current treatment plan, and intention to proceed with RFTC if MBB is effective. As such, the currently requested lumbar L4-5 medial branch blocks are medically necessary.

**Diagnostic medial branch blocks at bilateral L5-S1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG-TWC, acute & chronic Lumbar and Thoracic Spine complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 300, 309.

**Decision rationale:** Regarding the request for lumbar L5-S1 medial branch blocks, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Within the documentation available for review, there are objective examination findings supporting a diagnosis of facetogenic pain including tenderness to palpation over the lumbar facets and positive facet loading. Additionally, there is a normal neurologic examination, and no radicular complaints. The requesting physician has documented failure of conservative treatment, expectation to use a rehabilitation program along with the current treatment plan, and intention to proceed with RFTC if MBB is effective. As such, the currently requested lumbar L5-S1 medial branch blocks are medically necessary.

**Diagnostic left sacroiliac joint injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG-TWC, acute & chronic Lumbar and Thoracic Spine complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter, Sacroiliac Blocks.

**Decision rationale:** Regarding the request for sacroiliac joint injections, guidelines recommend sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The criteria include: history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Within the documentation available for review, there is no indication of at least three positive examination findings suggesting a diagnosis of sacroiliac joint dysfunction. Additionally, it appears that the patient's findings may be attributable to lumbar facet arthropathy. In the absence of clarity regarding these issues, the currently requested sacroiliac joint injections are not medically necessary.