

<b>Case Number:</b>	CM13-0049664		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/21/1992
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Internal Medicine has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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:

This patient is a 73 year old female with date of injury 4/21/92. The mechanism of injury is not stated in the available medical records. The patient has complained of chronic back pain since the date of injury. She has had a lumbar spine surgery and has also been treated with epidural corticosteroid injections, physical therapy, a spinal cord stimulator and medications. Objective: tenderness to palpation of the lumbar spinous processes and paraspinal musculature, tenderness to palpation of the left sacroiliac joint and sacrum, antalgic gait. Diagnoses: failed back surgery syndrome, chronic low back pain. Treatment plan and request: Medial branch block of left L5, S1-S4 and local anesthetic of left sacroiliac joint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MEDIAL BRANCH BLOCK, LEFT L5 QTY: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG HIP AND PELVIS CHAPTER, UPDATED 6/12/13: SI JOINTS - CRITERIA FOR THE USE OF SACROILLIAC BLOCKS AND SI JOINT NEUROTOMY.

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

**Decision rationale:** This 73 year old female has complained of low back pain since date of injury on 4/21/92. She has been treated with surgery, epidural corticosteroid injections, physical therapy, a spinal cord stimulator and medications. Per the MTUS citation listed above, invasive techniques in the treatment of back pain, to include local injections and facet joint injections of cortisone, lidocaine or both medications are of questionable benefit and offer no significant long term functional benefit. On the basis of this MTUS guideline, medial branch block of left L5 is not indicated as medically necessary.

**MEDIAL BRANCH BLOCK, LEFT S1 QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG HIP AND PELVIS CHAPTER, UPDATED 6/12/13: SI JOINTS - CRITERIA FOR THE USE OF SACROILLIAC BLOCKS AND SI JOINT NEUROTOMY.

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

**Decision rationale:** This 73 year old female has complained of low back pain since date of injury on 4/21/92. She has been treated with surgery, epidural corticosteroid injections, physical therapy, a spinal cord stimulator and medications. Per the MTUS citation listed above, invasive techniques in the treatment of back pain, to include local injections and facet joint injections of cortisone, lidocaine or both medications are of questionable benefit and offer no significant long term functional benefit. On the basis of this MTUS guideline, medial branch block of left S1 is not indicated as medically necessary.

**MEDIAL BRANCH BLOCK, LEFT S2 QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG HIP AND PELVIS CHAPTER, UPDATED 6/12/13: SI JOINTS - CRITERIA FOR THE USE OF SACROILLIAC BLOCKS AND SI JOINT NEUROTOMY.

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

**Decision rationale:** This 73 year old female has complained of low back pain since date of injury on 4/21/92. She has been treated with surgery, epidural corticosteroid injections, physical therapy, a spinal cord stimulator and medications. Per the MTUS citation listed above, invasive techniques in the treatment of back pain, to include local injections and facet joint injections of cortisone, lidocaine or both medications are of questionable benefit and offer no significant long term functional benefit. On the basis of this MTUS guideline, medial branch block of left S2 is not indicated as medically necessary.

**MEDIAL BRANCH BLOCK, LEFT S3 QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG HIP AND PELVIS CHAPTER, UPDATED 6/12/13: SI JOINTS - CRITERIA FOR THE USE OF SACROILLIAC BLOCKS AND SI JOINT NEUROTOMY.

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

**Decision rationale:** This 73 year old female has complained of low back pain since date of injury on 4/21/92. She has been treated with surgery, epidural corticosteroid injections, physical therapy, a spinal cord stimulator and medications. Per the MTUS citation listed above, invasive techniques in the treatment of back pain, to include local injections and facet joint injections of cortisone, lidocaine or both medications are of questionable benefit and offer no significant long term functional benefit. On the basis of this MTUS guideline, medial branch block of left S3 is not indicated as medically necessary.

**MEDIAL BRANCH BLOCK, LEFT S4 QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG HIP AND PELVIS CHAPTER, UPDATED 6/12/13: SI JOINTS - CRITERIA FOR THE USE OF SACROILLIAC BLOCKS AND SI JOINT NEUROTOMY.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, LOW BACK COMPLAINTS 2ND ED 2004, 300

**Decision rationale:** This 73 year old female has complained of low back pain since date of injury on 4/21/92. She has been treated with surgery, epidural corticosteroid injections, physical therapy, a spinal cord stimulator and medications. Per the MTUS citation listed above, invasive techniques in the treatment of back pain, to include local injections and facet joint injections of cortisone, lidocaine or both medications are of questionable benefit and offer no significant long term functional benefit. On the basis of this MTUS guideline, medial branch block of left S4 is not indicated as medically necessary.

**LOCAL ANESTHESIA TO LEFT SI JOINT QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG HIP AND PELVIS CHAPTER, UPDATED 6/12/13: SI JOINTS - CRITERIA FOR THE USE OF SACROILLIAC BLOCKS AND SI JOINT NEUROTOMY.

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

**Decision rationale:** This 73 year old female has complained of low back pain since date of injury on 4/21/92. She has been treated with surgery, epidural corticosteroid injections, physical therapy, a spinal cord stimulator and medications. Per the MTUS citation listed above, invasive techniques in the treatment of back pain, to include local injections and facet joint injections of cortisone, lidocaine or both medications are of questionable benefit and offer no significant long term functional benefit. On the basis of this MTUS guideline, local anesthetic injection of the left sacroiliac joint (SI) is not indicated as medically necessary.