

Utilization Review letter dated 10/15/2013 gives reference to the request by [REDACTED] on 09/30/2013 for: 1. Lumbar medial branch blocks. 2. Right side SI joint injection. 3. Piriformis injection. 4. Trochanteric bursa injection. 5. Right lumbar medial branch blocks. The utilization reviewer authorized trochanteric bursa injection and right lumbar medial branch blocks. The utilization review modified the request to include L4-L5 lumbar medial branch blocks on the right as this appeared to be the recommendations by the spine surgeon. The other injections did not meet guideline recommendations therefore, they were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) lumbar medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 298-301. Decision based on Non-MTUS Citation ODG, Low back (web: updated 10/9/13).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines on Lumbar Facet joint injections therapeutic

Decision rationale: The records indicate the patient continues with low back pain with associated symptoms into the bilateral lower extremities. MTUS is silent on recommendations for medial branch blocks, therefore ODG Guidelines were reviewed. ODG Guidelines on lumbar facet joint injections state that there should be no evidence of radicular pain, spinal stenosis, or previous fusion. The records indicate that the patient has radicular pain, and has had previous fusion at L5-S1. The request does not indicate what level the medial branch block was to be performed. Therefore, recommendation is for denial.

One (1) right side SI-Joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back (web: updated 10/9/13).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC Guidelines, Hip chapter online for SI joint blocks

Decision rationale: Records indicate that the patient has continued low back pain with bilateral lower extremity radicular symptoms. MTUS is silent on recommendations for SI joint injections therefore, ODG Guidelines were reviewed. ODG Guidelines require that the history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings for SI joint syndrome. Documentation should also include failure of at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise, and medication management. The records appear to indicate the patient has had spinal fusion in the past and significant amount of medication management; however, no records were provided regarding any physical therapy attempts specifically addressing the SI joint area. There were no physical

exam findings with positive SI joint dysfunction maneuvers. Therefore, recommendation is for denial.

one (1) piriformis injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back (web: updated 10/9/13).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines on Piriformis muscle injection

Decision rationale: The records indicate that the patient continues with low back pain, buttock pain, and bilateral lower extremity symptoms. MTUS is silent on recommendations for piriformis muscle injection, therefore ODG Guidelines were reviewed. ODG Guidelines state that piriformis muscle injections may be used for piriformis syndrome after a 1-month physical therapy trial. The records do not indicate that there have any attempts to address pain generated from the piriformis muscle with any conservative therapy including physical therapy. The treater does not provide any physical examination that suggests piriformis muscle syndrome. The patient had paravertebral fact tenderness and not over the sciatic notch. Therefore, recommendation is for denial