

Case Number:	CM14-0002881		
Date Assigned:	01/29/2014	Date of Injury:	08/06/2012
Decision Date:	06/19/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/08/2014

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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 39 year old male with a date of injury on 8/6/2012. Patient has been treated for ongoing symptoms related to his low back. Subjective complaints are of low back pain rated 6-7/10 without radiation. Physical exam shows tenderness on the right side of the lumbar spine at L4-5 and L5-S1. There was also tenderness noted at the the right sacroiliac region with limited range of motion. No motor or sensory deficits were detected. Supine straight leg raise was positive on the right side. Medications include Norco, Percocet, and Zanaflex. Previous treatment has included physical therapy and one lumbar epidural steroid injection that did not help. Electrodiagnostic testing in 12/2012 was positive for EMG findings of right L4 motor radiculopathy. Lumbar MRI findings from 10/20123 show T11-T12 1.5mm central disc protrusion, disc desiccation, annular fissure of disc at L4-5, and 3mm left foraminal disc protrusion

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L4-L5 AND L5-S1 FACET INJECTIONS: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Diagnostic Injections.

Decision rationale: The Official Disability Guidelines (ODG) suggests that for consideration of facet diagnostic blocks there must be clinical evidence of facet "mediated" pain. Suggested indicators of facet pathology are tenderness over paravertebral area, normal sensory exam, absence of radicular symptoms, and normal straight leg raise exam. While these findings suggest a facet joint source of pain, the ODG states diagnostic blocks are required as there are no findings on history/physical or imaging that consistently aids in making a facet joint pain diagnosis. Current evidence also indicates that radicular findings may be present with facet pathology. For this patient, documentation shows low back tenderness with radiation that had subsequently been resolving and a normal sensory exam. Yet the patient did demonstrate a positive straight leg raise test. The submitted documentation provides sufficient evidence to warrant a diagnostic facet injection to help determine the patient's ongoing source of pain. Therefore, the request for a facet injection is medically necessary and appropriate.

RIGHT SACROILIAC INJECTION AND ARTHROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Sacroiliac Joint Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Hip Pelvis, SI Joint Block.

Decision rationale: The Official Disability Guidelines (ODG) recommends SI joint injection as an option if there is failure of 4-6 weeks of aggressive conservative therapy. Criteria for sacroiliac blocks state that history and physical should document at least 3 positive exam tests, and diagnostic evaluation must first address any other possible pain generators. For this patient, the documentation does not show evidence of aggressive conservative therapy, or sufficient physical exam findings or provocation tests that suggest SI joint pathology. Furthermore, the patient is being considered for facet injections to determine other possible pain generators. Therefore, the request for a right sacroiliac injection and arthrogram is not medically necessary and appropriate.