

Case Number:	CM14-0014275		
Date Assigned:	02/26/2014	Date of Injury:	08/15/2007
Decision Date:	08/04/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/04/2014

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 Occupational Medicine 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 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 31-year-old female who has submitted a claim for lumbar radiculitis, left side and chronic multilevel disc derangement with annular tears at L4-L5 and L5-S1 associated with an industrial injury date of August 15, 2007. Medical records from 2012-2013 were reviewed. The patient complained of low back pain radiating to the left lower extremity, rated 4/10 in severity. She has difficulty walking intermittently secondary to the left lower extremity symptoms. The pain is greatest on the left lumbar area. Recent objective findings were not available for review. According to the previous utilization review dated January 29, 2014, a progress report dated January 8, 2014 stated that there was left lumbar paraspinous muscle tenderness, left facet tenderness with more mild tenderness on the right, more tender over the L3-L4, L4-L5 and L5-S1 facet joint bilaterally. Spring sign was positive over the L4 and L5 spinous processes. Straight leg raise test was positive on the left. For the sacroiliac joint, there was left sided tenderness noted. Faber's and Thomas' test was positive on the left. Dysesthesias and paresthesias were noted on the left lateral lower extremity. Motor strength was intact. MRI of the lumbar spine, dated September 3, 2008, showed L4-L5 posterior disc bulge and facet hypertrophy and L5-S1 disc bulge and annular tear. An EMG/NCV, dated January 19, 2009, revealed normal EMG and NCV pattern consistent with lumbosacral plexopathy. Official reports on the diagnostic studies were not available for review. The treatment to date has included medications, physical therapy, chiropractic therapy, aqua therapy, home exercise program, and activity modification. The utilization review, dated January 29, 2014, denied the request for left SI joint injection because only one positive provocative test result was provided from the physical examination findings. The requests for diagnostic lumbar facet medial branch blocks bilateral L3 and diagnostic lumbar facet medial branch blocks bilateral L4, L5, S1 were denied

as well because there were persistent symptoms and signs of radiculopathy in the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC LEFT SI (SACROILIAC) JOINT INJECTION.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Sacroiliac Joint Blocks.

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 Chapter, Sacroiliac joint Blocks.

Decision rationale: The California MTUS states that sacroiliac joint injections are of questionable merit. In addition, the ODG criteria for SI block include clinical sacroiliac joint dysfunction, failure of at least 4-6 weeks of aggressive conservative therapy, and the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings). In this case, the patient has significant low back pain with tenderness on the left sacroiliac joint and positive Thomas test. Guidelines recommend at least 3 positive exam findings to suggest sacroiliac joint dysfunction. Furthermore, failure of aggressive conservative management aside from medical therapy has not been documented. The guideline criteria have not been met. Therefore, the request for diagnostic left SI (sacroiliac) joint injection is not medically necessary.

DIAGNOSTIC LUMBAR FACET MEDIAL BRANCH BLOCKS AT THE LEVEL OF BILATERAL L3, QTY:1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Diagnostic Blocks (Injections).

Decision rationale: As stated on page 300 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, facet injections for non-radicular facet mediated pain is guideline recommended. In addition, the Official Disability Guidelines state that medial branch blocks are not recommended except as a diagnostic tool and there is minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include one set of diagnostic medial branch blocks with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; and there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks. They should not be performed in patients who have had a previous fusion procedure at

the planned injection level, and no more than 2 joint levels should be injected in one session. In this case, patient had persistent low back pain radiating to the left lower extremities. The patient's subjective and objective findings show that there is evidence of lumbar radiculopathy. Furthermore, there is no documentation of failure from conservative management. The documented rationale for the request was not provided as well. The guideline criteria have not been met. Therefore, the request for diagnostic lumbar facet medial branch blocks at the level of bilateral L3 is not medically necessary.

DIAGNOSTIC LUMBAR FACET MEDIAL BRANCH BLOCKS AT THE LEVELS OF BILATERAL L4,L5,S1 , QTY: 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Diagnostic Blocks (Injections).

Decision rationale: As stated on page 300 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by California MTUS, facet injections for non-radicular facet mediated pain is guideline recommended. In addition, the Official Disability Guidelines state that medial branch blocks are not recommended except as a diagnostic tool and there is minimal evidence for treatment. The criteria for the use of diagnostic blocks for facet mediated pain include one set of diagnostic medial branch blocks with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; and there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks. They should not be performed in patients who have had a previous fusion procedure at the planned injection level, and no more than 2 joint levels should be injected in one session. In this case, patient had persistent low back pain radiating to the left lower extremities. The patient's subjective and objective findings show that there is evidence of lumbar radiculopathy. Furthermore, there is no documentation of failure from conservative management. Moreover, guidelines recommend no more than 2 joint levels to be injected in one session. The documented rationale for the request was not provided as well. The guideline criteria have not been met. Therefore, the request for diagnostic lumbar facet medial branch blocks at the levels of bilateral L4, L5, S1 is not medically necessary.