

<b>Case Number:</b>	CM14-0015877		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	07/19/1999
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Physical Medicine and 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 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 is a female patient with a date of injury of July 19, 1999. A utilization review dated January 6, 2014 recommends non-certification of lateral branch blocks for the sacroiliac joints. The previous reviewing physician recommended non-certification due to no sacroiliac joint examination was performed to demonstrate that the sacroiliac joints were the primary generators of the patient's pain. A progress note dated December 26, 2013 identifies subjective complaints including complaints of neck, upper back, and low back pain with radiation into the right lateral leg and the right arm into the right shoulder. The patient described the pain as being moderate to severe sharp, stabbing, numbness, and tingling pain. The objective findings reported were primarily of the lumbar spine with paraspinal tenderness the right L5 region and tenderness with spasm of the paraspinal muscles. Also there is restricted flexion and extension of the lumbar spine. The patient's current medications include Lidoderm patches, Relafen, Percura, alprazolam, atenolol, and estradiol. Diagnoses include lumbar post laminectomy syndrome 2000 with fusion in 2001 and removal of hardware in 2004, thoracic or lumbosacral neuritis or radiculitis, lumbar myofascial pain, facet syndrome and sacroilitis. The treatment plan recommends bilateral sacroiliac lateral branch block with sedation. An MRI of the lumbar spine dated November 14, 2012 minimal degenerative disc disease and degenerative joint disease of the lumbar spine involving L4 - 5, L5 - S1 with superimposed post surgical changes of interbody fusion and decompressive laminectomy. An MRI of the pelvis dated November 14, 2012 showed trace effusion of the right femoroacetabular joint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL SI LATERAL BRANCH BLOCK WITH SEDATION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM LBP UPDATE AND ODG WEB, SIJ INJECTIONS, ACOEM AND HIP & PELVIS SIJ BLOCKS, ODG, PAGE 165, ACOEM AND 399-418, ODG.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines LOW BACK. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES, HIP AND PELVIS CHAPTER, SACROILIAC BLOCKS

**Decision rationale:** Regarding the request for sacroiliac lateral branch blocks, 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 radiculopathy. Furthermore, guidelines do not support the use of diagnostic lateral branch blocks for the diagnosis of sacroiliac pain. In the absence of clarity regarding these issues, the currently requested sacroiliac lateral branch blocks are not medically necessary.