

<b>Case Number:</b>	CM14-0124305		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	11/19/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 39-year-old male who reported an injury on 11/19/2013 while working on a roof and standing at the highest step of a ladder while holding a truss weighing approximately 200 pounds. The ladder broke and he fell from a height of 8 feet, landing on the side of his back. Diagnoses were lumbar radiculopathy, pain in thoracic spine, disc disorder lumbar, and low back pain. Past treatments were chiropractic sessions and physical therapy. Diagnostic studies were MRI of the lumbar spine and MRI of the thoracic spine. MRI of the lumbar spine revealed a small disc extrusion at the L5-S1 level. No definitive evidence of associated nerve root impingement. However, there is disc material abutting the S1 nerve root bilaterally in the lateral recess. L5 nerve roots are seen to egress without impingement. Additional degenerative change as described above. No surgical history was reported. The injured worker had a physical examination on 07/30/2014 with complaints of lower back, posterior buttocks, and thigh pain. He rated his pain with medications at a 5 on a scale of 1 to 10. Without medications, the pain was rated at 10. The injured worker had epidural steroid injection on 07/07/2014 and it was reported no benefit of pain reduction. Examination of the lumbar spine revealed range of motion was restricted with flexion limited to 25 degrees, and extension was limited to 10 degrees. Tenderness was noted on both sides of the paravertebral muscles, with spasm. No spinal process tenderness was noted. Lumbar facet loading was positive on left and right sides. Straight leg raising test was positive on both sides sitting at 10 degrees. Tenderness was noted over the sacroiliac spine bilateral. Lumbar facet joints were worse on the left. Motor examination revealed muscles of the body appeared to be normal. Sensory examination to light touch sensation was decreased over lateral foot, medial foot, and lateral calf on the left side. Medications were Opana 5 mg, gabapentin, Flexeril, ibuprofen. Treatment plan was for 1 left-sided sacroiliac S1 joint injection under fluoroscopy and request for Functional Restoration

Program. The injured worker was encouraged to finish physical therapy and home exercise program. The rationale was not submitted. The Request for Authorization was submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Left Sided Sacroiliac (SI) Joint Injection Under Fluoroscopy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain, Facet Joint Medial Branch Blocks.

**Decision rationale:** The ACOEM Guidelines state facet joint injections are not recommended for the treatment of low back disorders. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. The request submitted does not state medial branch block but the progress note dated 07/30/2014 did report medial branch block. According to the Official Disability Guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool. Minimal evidence for treatment. The request submitted does not indicate what type of injection. The injured worker had an epidural steroid injection on 07/07/2014 with no pain relief and no reduction in pain medications. Therefore, the request is not medically necessary.