

<b>Case Number:</b>	CM14-0150338		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	03/07/2007
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Utah. 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 43 year-old female. The patient's date of injury is 10/7/2008. The mechanism of injury is not stated in the clinical documents. The patient has been diagnosed with cervical sprain/strain, fibromyalgia, lumbar sprain/strain, lumbar facet syndrome, post annular tear of the intervertebral disc, left sacroiliac joint arthropathy and left hip sprain/strain. The physical exam findings dated 6/27/2014 show tenderness to palpation over the lumbar paraspinal muscles, with tenderness over the lumbar facets. There is sacroiliac tenderness. The Patrick's test is reported as positive. The neurological exam is reported as intact. The patient's medications have included, but are not limited to, Flexeril, Ultram and Motrin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-S1 medical branch blocks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back , facet joint diagnostic blocks (injections)

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

**Decision rationale:** MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for bilateral L4-S1 Medial Branch Blocks. Guidelines state the following: Limited to patients with low-back pain that is non-radicular and no more than two levels bilaterally. The patient does not meet criteria for the blocks at this time. According to the clinical documentation provided and current guidelines; bilateral L4-S1 Medial Branch Blocks is not indicated as a medical necessity to the patient at this time.

**2nd Left sacroiliac joint injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, criteria for use of sacroiliac blocks

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG, criteria for the use of sacroiliac blocks

**Decision rationale:** MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a second left sacroiliac joint injection. Guidelines state the following: A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If the first block is not positive the second is not performed. The clinical records lack specific documentation to the amount of relief that the patient had after the first injection. According to the clinical documentation provided and current guidelines; a second left sacroiliac joint injection is not indicated as a medical necessity to the patient at this time.