

Case Number:	CM14-0150646		
Date Assigned:	09/18/2014	Date of Injury:	10/21/1997
Decision Date:	10/31/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/16/2014

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 Orthopedic Surgeon and is licensed to practice in Texas. 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 41-year-old male who reported injury on 10/21/1997 due to a motor vehicle accident. The injured worker has diagnoses of L4 bilateral spondylosis, L5-S1 disc protrusion, status post IDET, persistent L5-S1 disc protrusion, status post L5-S1 micro discectomy bilaterally, post laminectomy syndrome, L3-4 central canal and bilateral neural foraminal stenosis, left sacroiliac joint dysfunction, right shoulder partial thickness rotator cuff tear, acromioclavicular degenerative joint disease, partial tear of the long head of the biceps tendon, and status post open rotator cuff repair. The past medical treatment consists of surgery, spinal cord stimulator, physical therapy, radiofrequency ablation, and medication therapy. Medications consist of aspirin, Miralax, prochlorperazine, Percocet, Kadian, Ambien, and Voltaren gel. No diagnostics were submitted for review. On 09/18/2014, the injured worker complained of chronic low back pain. It was noted that the injured worker rated the pain a 10/10 without medication and a 7/10 with medication. The physical examination of the lumbar spine revealed that the right and left sacroiliac joints were painful. Fabere's test was positive bilaterally. Straight leg was negative bilaterally. Lower extremity muscle tone was normal. Paraspinal muscle tone was normal. There were moderate spasms of the lumbar spine. Tenderness to the paraspinal facet, spinous, paraspinous, SI joint, and sacrum was noted. Sacral compression was positive. Sacral distraction and sacral PA thrust were also positive. It was noted that the lumbar spine had a lateral flexion of 10 degrees bilaterally and rotation 30 degrees bilaterally. The medical treatment plan is for the injured worker to undergo a medial branch block to the sacral. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch nerve block to the sacral: 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), Hip & Pelvis Chapter, Sacroiliac Blocks

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Block.

Decision rationale: The request for medial branch nerve block to the sacral is not medically necessary. The California MTUS/ACOEM Guidelines state diagnostic and/or therapeutic injections may have benefit for a patient persistent in the transitional phase between acute and chronic pain. The Official Disability Guidelines further state that criteria for the use of diagnostic blocks is limited to patients with pain that is non-radicular, no more than 2 joint levels are injected in 1 session, and failure of conservative treatment to include home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. The submitted documentation lacked any evidence of sensory examination. There was evidence of a straight leg raise being negative bilaterally. However, there was no documentation submitted for review indicating that the injured worker had trialed and failed conservative treatment. Additionally, the California MTUS Guidelines state that facet joint blocks are indicated for patients who are in the transitional phase between acute and chronic pain. It was noted in the submitted documentation that the injured worker had the injury back in 1997, exceeding the recommended guidelines of transition from acute to chronic. Given the above, the injured worker is not within the recommended guideline criteria. As such, the request for a medial branch nerve block to the sacral is not medically necessary.