

Case Number:	CM14-0150670		
Date Assigned:	09/18/2014	Date of Injury:	03/18/2011
Decision Date:	10/27/2014	UR Denial Date:	09/03/2014
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 Physical Medicine and Rehabilitation has a subspecialty in Pain 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 injured worker is a 43-year-old female who sustained an injury on 03/18/11. On 8/22/14 the patient presented with worse symptoms of right-sided back pain, right groin and hip pain, numbness and tingling in the right leg in the L3-L4 distribution to the calf. Pain was rated at 4/10. Examination demonstrated decreased range of motion of the lumbar spine and tenderness over the right facet joints and sacroiliac joint. MRI of the lumbar spine on 12/27/13 revealed an acute right L3-4 disk herniation with moderate lateral recess stenosis due to facet arthropathy at L3-4, L4-5 and lesser at L5-S1. No previous relevant surgeries or current medications were documented. Previous treatment included physical therapy. She was approved for six sessions of physical therapy on 3/26/14. The provider indicates that he would like to settle down the patient's symptoms without surgery and if that is not possible he was proposing future possibility of L3-S1 decompressive laminectomy, bilateral foraminotomies with a right L3-4 discectomy. Diagnoses include likely facet mediated pain, likely sacroiliac joint pain; right L3-4 disk herniation causing intermittent right leg symptoms, L3-4, L4-5 spinal stenosis, and possible right hip pathology. The request for right L4-5, L5-S1 facet block, right SI joint injection was denied on 09/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5, L5-S1 facet block, right SI joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, Sacroiliac joint blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back- Hip & Pelvis, Facet block - SI joint block

Decision rationale: According to ODG guidelines, The Sacroiliac joint blocks are recommended when the patient meets the following criteria: The history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings (Diagnosis: Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH). Diagnostic evaluation must first address any other possible pain generators. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. In this case, there is no documentation of at least three positive exam findings as described above. There is evidence of right lumbar radiculopathy (i.e: right leg numbness and tingling). Also, the medical records do not document if the patient went through aggressive conservative therapy including PT. Therefore, the request for right L4-5, L5-S1 facet block, right SI joint injection is not medically necessary and appropriate.