

Case Number:	CM14-0022867		
Date Assigned:	06/11/2014	Date of Injury:	12/15/2004
Decision Date:	07/15/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/24/2014

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 and is licensed to practice in Louisiana. 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 50 year old female who was injured on 12/15/2004 as she tripped over a window washer tie back and fell on concrete. Prior treatment history has included a brace which was not helpful, TENS unit for the lower back and also received two epidural steroid injections in 2012 at L2-L3 and did not appear to be helpful. Also the patient received facet injection in April of 2012. There is no documentation of any outcome. Medications documented on 01/06/2014 include: Norco, gabapentin, Robaxin, Prilosec, Cymbalta and Norvasc. Diagnostic studies reviewed include MRI of the lumbar spine dated 08/05/2013 revealing spondylosis, new left anteromedially directed facet cyst of the left L4-L5 facet, mild spinal canal narrowing with encroachment and probably mass effect upon the traversing left L5 nerve root. There is mild left foraminal narrowing and listhesis. Progress report dated 01/06/2014 documented the patient with complaints of back pain and numbness that now included the right as well as the left leg in the anterior thigh. Objective findings on examination included limitation of range of motion of lumbar spine. There is tenderness in the lumbosacral area with muscle spasm. Straight leg raising test more on the right than left. Faber's is positive with pain in the back and on the left side. Sensation is intact in the major dermatomes of the lower extremity with exception of some decreased sensation of thighs bilaterally. Degenerative disc disease of the lumbar spine. Progress report dated 01/13/2014 documents the patient had complaints of pain in the lower back radiating to the left thigh associated with numbness and throbbing aggravated by bending, pushing, squatting and pulling and relieved by lying down and sitting. The VAS pain scale ranged from 3-8-9/10. Objective findings on examination of the lumbar spine revealed tenderness on palpation in paraspinal areas. There is painful motion. Faber's test is positive on the left side. There was normal active range of motion on the lumbar spine limited by pain. There is diminished sensation to pinprick along the bilateral L2 and L3 nerve root distribution compared to the arms.

Neurological examination revealed no sensory loss or motor weakness. DTRs were 2+ bilaterally in the lower extremities. Diagnosis: 1.Chronic pain syndrome2.Sacroiliitis3.Lumbosacral spondylosis without myelopathy4.Facet arthropathyTreatment Plan: Sacroiliac joint injection left PSIS and left GTB and facet injection lumbar left side.Utilization report dated 01/29/2014 states the request for facet injection lumbar L4-L5 left side and sacroiliac joint injection left side with left PSIS and left GTB injection. These requests are not certified as there is no evidence submitted for this review that approved this patients' method criteria to undergo facet injection as there has been documentation of radiculopathy and the patient has had epidural injection as well as selective neural root blocks in the past and did not meet the guidelines criteria for requests for multiple injections of the sacroiliac joint. Posterior superior iliac spine and left greater trochanteric bursa area.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET INJECTION FOR THE LUMBAR SPINE L4-5 LEFT SIDE: 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): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Injections; Facet joint pain, signs & symptoms.

Decision rationale: The CA MTUS/ACOEM guidelines state, "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit." According to the Official Disability Guidelines, lumbar facet joint blocks as therapeutic injections, are not recommended, and may only be considered as a diagnostic tool. There is minimal evidence for use as treatment. According to the medical records, the patient received lumbar facet injection in April 2012, however the outcome of the procedure has not been documented. The guidelines indicate consideration for lumbar facet joint medial branch blocks require relevant criteria be met, such as the injections must be limited to patients with low-back pain that is non-radicular. The medical records document complaints of lumbar radicular pain. Furthermore, the medical records do not document clinical findings that support the existence of facet-mediated pain. The medical necessity of the request has not been established, and therefore is not supported.

SACROILIAC JOINT INJECTION W/ LEFT PSIS AND LEFT GTB INJECTION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hips and Pelvis, Sacroiliac joint blocks.

Decision rationale: According to Official Disability Guidelines, a Sacroiliac joint blocks may be recommended as an option if the patient has failed at least 4-6 weeks of aggressive conservative therapy (PT, home exercise and medication management), and the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings), of SI joint dysfunction. However, the medical records do not establish the patient has findings consistent with SI joint pathology. The submitted documentation does not substantiate the patient has SI joint dysfunction, and therefore, she is not a viable candidate for the proposed injection procedure. The medical necessity of the request has not been established.