

<b>Case Number:</b>	CM14-0032055		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	12/26/2012
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 Internal 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 patient is a 46-year-old male who reported an injury on 12/26/2012. The mechanism of injury involved a fall. The patient is currently diagnosed with lumbago, lumbar disc displacement without myelopathy, postlaminectomy syndrome and sacroiliitis. The patient was seen by [REDACTED] on 01/06/2014. The patient reported lumbar and thoracic spine pain with numbness. The patient reported moderate relief from physical therapy and chiropractic therapy. The patient also reported minimal relief with 2 cortisone injections into the right sacroiliac joint. The patient underwent a lumbar fusion at L4-5 on 05/22/2002. Physical examination on that date revealed restricted range of motion, paravertebral spasm and tenderness, intact sensation, positive Kemp's testing, and positive facet loading maneuver on the right. Treatment recommendations on that date included an L3 through L5 medial branch facet block and a right sacroiliac joint block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL L3-L5 MEDIAL BRANCH FACET BLOCKS (SINGLE LEVEL) AND A RIGHT SACROILIAC JOINT BLOCK (SI JOINT AND SUPERIOR ARTICULAR PROCESS OF S1):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter, section on Facet Joint Diagnostic Blocks, and Hip & Pelvis Chapter, Sacroiliac Joint Block

**Decision rationale:** ACOEM Guidelines state invasive techniques such as facet joint injections are of questionable merit. Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs and symptoms. As per the documentation submitted, the patient did demonstrate positive facet loading maneuver. However, Official Disability Guidelines state diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. The current request is for a bilateral L3 through L5 medial branch facet block. The patient has undergone a lumbar fusion at L4-5. Additionally, Official Disability Guidelines state sacroiliac joint blocks are recommended as an option if there is a failure of at least 4 to 6 weeks of aggressive conservative therapy. As per the documentation submitted, there is no evidence of at least 3 positive examination findings. The patient's physical examination revealed negative Patrick's/Fabere's testing and negative pelvic compression testing. It is also noted that the patient has received 2 cortisone injections into the right SI joint in 08/2013 and 10/2013 which offered little relief. Based on the clinical information received and the guidelines' recommendations, the request is not medically necessary and appropriate.