

Case Number:	CM14-0069974		
Date Assigned:	07/16/2014	Date of Injury:	04/11/2003
Decision Date:	09/10/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/15/2014

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 Physical Medicine & Rehabilitation 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:

This 61 year-old male Janitor sustained a low back and right leg injury on 4/11/2003 from lifting a 50-pound trash bag while employed by [REDACTED]. Request(s) under consideration include Left sided L5-S1 medial Branch Block and Left SI joint diagnostic block (left S1-S3 Diagnostic Block for left SI joint). The patient has been deemed P&S per report of 9/10/03 with future medical care. There is report in December 2013 noting patient s/p recent medial branch block at bilateral L4-5 and L5-S1 with excellent relief and s/p left sacroiliac joint block with near pain free for 2-3 days. Report of 3/11/14 from the pain management provider noted patient with ongoing low back pain rated at 5/10 taking 4 Tylenol #4/day. Pain decreased 75% for 2-3 days after MBB but had returned with pain traveling down posterior gluteal are not pass upper thighs. Exam noted positive Kemp's, left SI joint; spasm, motor and sensory intact. Treatment plan included radiofrequency rhizotomy at bilateral L4-5 and L5-S1 with Flexeril, Tylenol #4. Report of 4/17/14 from the pain management provider noted the patient with ongoing lower back pain rated at 6/10. Exam showed positive left SI joint pain on maneuvers (Patrick's); provocative facet maneuvers positive on left and right Baer point tenderness. Diagnoses include lumbar disc displacement without myelopathy; lumbago; back disorder; muscle spasm. Request(s) for Left sided L5-S1 medial Branch Block and Left SI joint diagnostic block (left S1-S3 Diagnostic Block for left SI joint) were non-certified on 4/24/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sided L5-S1 medial Branch Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (12th Annual Edition) Hip and Pelvis (Acute and Chronic).

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 Joint Diagnostic Blocks (therapeutic injections), pages 412-418.

Decision rationale: This 61 year-old male Janitor sustained a low back and right leg injury on 4/11/2003 from lifting a 50-pound trash bag while employed by [REDACTED]. Request(s) under consideration include Left sided L5-S1 medial Branch Block and Left SI joint diagnostic block (left S1-S3 Diagnostic Block for left SI joint). The patient has been deemed P&S per report of 9/10/03 with future medical care. There is report in December 2013 noting patient s/p recent medial branch block at bilateral L4-5 and L5-S1 with excellent relief and s/p left sacroiliac joint block with near pain free for 2-3 days. Report of 3/11/14 from the pain management provider noted patient with ongoing low back pain rated at 5/10 taking 4 Tylenol #4/day. Pain decreased 75% for 2-3 days after MBB but had returned with pain traveling down posterior gluteal area not pass upper thighs. Exam noted positive Kemp's, left SI joint; spasm, motor and sensory intact. Treatment plan included radiofrequency rhizotomy at bilateral L4-5 and L5-S1 with flexeril, tylenol #4. Report of 4/17/14 from the pain management provider noted the patient with ongoing lower back pain rated at 6/10. Exam showed positive left SI joint pain on maneuvers (Patrick's); provocative facet maneuvers positive on left and right Baer point tenderness. Diagnoses include lumbar disc displacement without myelopathy; lumbago; back disorder; muscle spasm. Request(s) for Left sided L5-S1 medial Branch Block and Left SI joint diagnostic block (left S1-S3 Diagnostic Block for left SI joint) were non-certified on 4/24/14. Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit radicular symptoms as in this injured worker with upper leg radicular symptoms. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results. Submitted reports have not demonstrated support outside guidelines criteria. Additionally, the previous medial branch blocks provide few days relief without demonstrated functional benefit. The Left sided L5-S1 medial Branch Block is not medically necessary and appropriate.

Left S1 joint diagnostic block (left S1-S3 Diagnostic Block for left SI joint): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (12th Annual Edition) Hip and Pelvis (Acute and Chronic).

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 Joint Diagnostic Blocks (therapeutic injections).

Decision rationale: This 61 year-old male Janitor sustained a low back and right leg injury on 4/11/2003 from lifting a 50-pound trash bag while employed by [REDACTED]. Request(s) under consideration include Left sided L5-S1 medial Branch Block and Left SI joint diagnostic block (left S1-S3 Diagnostic Block for left SI joint). The patient has been deemed P&S per report of 9/10/03 with future medical care. There is report in December 2013 noting patient s/p recent medial branch block at bilateral L4-5 and L5-S1 with excellent relief and s/p left sacroiliac joint block with near pain free for 2-3 days. Report of 3/11/14 from the pain management provider noted patient with ongoing low back pain rated at 5/10 taking 4 Tylenol #4/day. Pain decreased 75% for 2-3 days after MBB but had returned with pain traveling down posterior gluteal area not pass upper thighs. Exam noted positive Kemp's, left SI joint; spasm, motor and sensory intact. Treatment plan included radiofrequency rhizotomy at bilateral L4-5 and L5-S1 with flexeril, tylenol #4. Report of 4/17/14 from the pain management provider noted the patient with ongoing lower back pain rated at 6/10. Exam showed positive left SI joint pain on maneuvers (Patrick's); provocative facet maneuvers positive on left and right Baer point tenderness. Diagnoses include lumbar disc displacement without myelopathy; lumbago; back disorder; muscle spasm. Request(s) for Left sided L5-S1 medial Branch Block and Left SI joint diagnostic block (left S1-S3 Diagnostic Block for left SI joint) were non-certified on 4/24/14. The provider has noted the patient receiving almost total pain relief; however, only lasting for 2-3 days. ODG note etiology for SI joint disorder includes degenerative joint disease, joint laxity, and trauma (such as a fall to the buttock). The main cause is SI joint disruption from significant pelvic trauma. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Although SI joint injection is recommended as an option for clearly defined diagnosis with positive specific tests for motion palpation and pain provocation for SI joint dysfunction, none have been demonstrated on medical reports submitted. It has also been questioned as to whether SI joint blocks are the "diagnostic gold standard" as the block is felt to show low sensitivity, and discordance has been noted between two consecutive blocks (questioning validity). There is also concern that pain relief from diagnostic blocks may be confounded by infiltration of extra-articular ligaments, adjacent muscles, or sheaths of the nerve roots themselves. Submitted reports have not met guidelines criteria especially when previous SI injections have not been documented to have provided any functional improvement for this 2003 injury. The Left SI joint diagnostic block (left S1-S3 Diagnostic Block for left SI joint) is not medically necessary and appropriate.