

Case Number:	CM14-0077895		
Date Assigned:	07/18/2014	Date of Injury:	02/19/2008
Decision Date:	10/01/2014	UR Denial Date:	04/26/2014
Priority:	Standard	Application Received:	05/27/2014

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 45 year old male who reported an injury on 02/19/2008 after being struck by an object when working on a conveyor. Diagnoses included herniated nucleus pulposus, lumbar facet arthropathy, lumbalgia, lumbosacral disc degeneration, and disorder of the sacrum. Past treatments included an epidural steroid injection, physical therapy, acupuncture, and medication. Past diagnostics included an MRI of the lumbar spine dated 11/02/2011, which revealed an L4-L5 cyst abutting the left L5 nerve root, and a disc protrusion at L5-S1 abutting the left S1 nerve root. Surgical history included bilateral knee arthroscopy. The clinical note dated 03/31/2014 indicated the injured worker complained of pain in the thoracic and lumbar spine, left sacroiliac joint, and left knee. He rated his pain 8-10 with medication and 4-10 without medication. Physical exam revealed tenderness to palpation at the left T7, L2, L3, L4 and left sacroiliac joint sites, no active radiculitis, and decreased range of motion to the cervical spine. Current medications included an unspecified narcotic and Ibuprofen. The treatment plan included a diagnostic medial branch block at L2, L3, and L4 for pain, and a left sacroiliac joint injection for sacroiliac joint pain. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Medial Branch Block L2, L3, L4 for facet pain.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Facets; Criteria for the use of diagnostic blocks for facet nerve pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint diagnostic blocks (injections)

Decision rationale: The request for a diagnostic medial branch block at L2, L3, and L4 for pain is not medically necessary. The California MTUS/ACOEM guidelines state facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines indicate that the criteria for the use of diagnostic blocks for facet "mediated" pain include a clinical presentation consistent with facet joint pain, signs and symptoms, limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally, there is documentation of failure of conservative treatment (including home exercise, physical therapy and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than two facet joint levels are injected in one session. Physical exam revealed tenderness to palpation at the left T7, L2, L3, and L4. The clinical documentation does indicate that the injured worker complained of low back pain inconsistent with radiculopathy, but did not provide evidence that the injured worker had completed a recent conservative treatment plan including home exercise and physical therapy with NSAIDs. The submitted request does not indicate whether the requested injection will be performed under fluoroscopic guidance. Additionally, the documentation does not include a recommendation for completion of a radiofrequency ablation pending the results of the medial branch block. Therefore the request for a diagnostic medial branch block at L2, L3, and L4 for pain is not medically necessary.

Left SI (sacroiliac) joint injection for sacroiliac joint pain.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Facets; Criteria for the use of diagnostic blocks for facet nerve pain.

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

Decision rationale: The request for left sacroiliac joint injection for sacroiliac joint pain is not medically necessary. The Official Disability Guidelines indicate that 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 criteria for the use of sacroiliac joint blocks include a history and physical suggestive of the diagnosis with documentation of at least three positive exam findings to indicate sacroiliac joint dysfunction, 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 physical therapy, home exercise and medication management, and the block is not to be performed on the same day as a facet joint

injection or medial branch block. The injured worker complained of low back pain with tenderness to palpation in the lumbosacral and left sacroiliac joint areas; however, there is a lack of clinical documentation of specific testing to indicate sacroiliac joint dysfunction. An MRI of the lumbar spine revealed facet arthropathy, which could have caused the injured worker's pain. There is a lack of documentation that the injured worker has completed a recent aggressive conservative therapy program to include physical therapy, home exercise, and medication management. Therefore the request for left sacroiliac joint injection for sacroiliac joint pain is not medically necessary.