

<b>Case Number:</b>	CM15-0006658		
<b>Date Assigned:</b>	01/21/2015	<b>Date of Injury:</b>	04/25/2014
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 industrial injury on 4/25/2014. She has reported low back pain and neck pain after sitting in a chair and it fell backwards. The diagnoses have included closed head injury, arthropathy, sacroiliitis, lumbosacral spondylosis, sciatica and thoracic/lumbosacral neuritis/radiculitis. Treatment to date has included therapy, home exercises and medication management. Currently, the IW complains of low back pain. Treatment plan included bilateral facet joint injections and sacroiliac injections with image guidance and left selective nerve root injections-left side at 3 levels with image guidance. On 12/9/2014, Utilization Review non-certified review of bilateral facet joint injections and sacroiliac injections with image guidance and left selective nerve root injections-left side at 3 levels with image guidance, noting the lack of medical necessity and lack of conservative measures. The ACOEM guidelines and Official Disability Guidelines were cited. On 1/12/2015, the injured worker submitted an application for IMR for bilateral facet joint injections and sacroiliac injections with image guidance and left selective nerve root injections-left side at 3 levels with image guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral facet joint injections, bilateral one side at the time with image guidance: 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), Low Back, Criteria for use of therapeutic intraarticular and medial branch blocks

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back-Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections)

**Decision rationale:** The claimant has a history of a work injury occurring nearly one year ago and continues to be treated for low back pain and stiffness. When seen by the requesting provider, she had limited spinal flexion with lumbar facet joint tenderness and positive Kemp's testing, bilateral sacroiliac joint tenderness, and decreased left lower extremity strength and sensation. The claimant has had CT scans of the brain and cervical spine. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has decreased lower extremity sensation and strength consistent with radiculopathy and lumbar selective nerve root blocks have also been requested. Therefore, the requested medial branch blocks are not medically necessary.

**Sacroiliac injections, bilateral one side at the time with image guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hip & Pelvis Procedure, Criteria for use of sacroiliac blocks

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 196-197.

**Decision rationale:** The claimant has a history of a work injury occurring nearly one year ago and continues to be treated for low back pain and stiffness. When seen by the requesting provider, she had limited spinal flexion with lumbar facet joint tenderness and positive Kemp's testing, bilateral sacroiliac joint tenderness, and decreased left lower extremity strength and sensation. The claimant has had CT scans of the brain and cervical spine. Guidelines recommend against sacroiliac joint injections for subacute or chronic nonspecific low back pain, including pain attributed to the sacroiliac joints, without evidence of inflammatory sacroiliitis (rheumatologic disease). In this case, there is no evidence by imaging or lab testing or by history of an inflammatory spondyloarthropathy and therefore the requested left sacroiliac joint injection is not medically necessary.

**L selective nerve root injections, Left side only at 3 levels with image guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ODG-TWC Low Back Procedure Summary, Diagnostic epidural steroid in.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back-Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections, diagnostic

**Decision rationale:** The claimant has a history of a work injury occurring nearly one year ago and continues to be treated for low back pain and stiffness. When seen by the requesting provider, she had limited spinal flexion with lumbar facet joint tenderness and positive Kemp's testing, bilateral sacroiliac joint tenderness, and decreased left lower extremity strength and sensation. The claimant has had CT scans of the brain and cervical spine. A diagnostic epidural steroid injection (also referred to as selective nerve root blocks) was originally developed as a diagnostic technique to determine the level of radicular pain. Guidelines recommend that no more than 2 levels should be performed on one day. Criteria include cases where diagnostic imaging is ambiguous, to help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies, to help to determine pain generators when there is evidence of multi-level nerve root compression, to help to determine pain generators when clinical findings are consistent with radiculopathy but imaging studies are inconclusive, and to help to identify the origin of pain in patients who have had previous spinal surgery. In this case, none of these criteria is met and the number of levels being requested is in excess of guidelines recommendation. Therefore, the requested selective nerve-root blocks are not medically necessary.