

Case Number:	CM15-0103045		
Date Assigned:	06/05/2015	Date of Injury:	01/13/2011
Decision Date:	07/09/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/28/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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:

This 61 year old female sustained an industrial injury to the back, hip and knees on 1/13/11. Previous treatment included magnetic resonance imaging, electromyography, physical therapy, chiropractic therapy, acupuncture, epidural steroid injections, transcutaneous electrical nerve stimulator unit and medications. Documentation did not disclose recent magnetic resonance imaging of the lumbar spine. In a visit note dated 5/1/15, the injured worker complained of low back pain rated 6/10 on the visual analog scale without medications and 4/10 with medications. The injured worker reported that her pain had increased and her activity level had decreased. The injured worker reported that she had had multiple falls due to her right leg giving out on her. Physical exam was remarkable for loss of normal lumbar spine lordosis, tenderness to palpation of the lumbar spine paraspinal musculature with spasm, tight muscle band and decreased range of motion. The injured worker could not walk on her heels but could walk on her toes with a cane. The injured worker ambulated with a right sided antalgic gait using a cane. Right straight leg raise and lumbar facet loading tests were positive. Current diagnoses included lumbar spine radiculopathy, lumbar spine stenosis, low back pain, knee pain and lower leg joint pain. The injured worker received a bursa injection during the office visit. The treatment plan included discontinuing Percocet and Zanaflex, transitioning to Norco, increasing Gabapentin, continuing Omeprazole, a trial of Flex, right sacroiliac joint injection, a possible right medial branch block and a new magnetic resonance imaging lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block at Right L4-5 and Sacral Area: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, Facet.

Decision rationale: The medical records provided for review report back pain but do not document physical examination findings consistent with facet mediated pain. Further ODG guidelines do not support more than 2 facet injection in the case of an injured worker having demonstrated physical exam findings of facet mediated pain. The medical records provided for review do not demonstrate findings in support of right L4-5 and sacral facet injections congruent with ODG. As such the procedure is not supported congruent with ODG and is not medically necessary.

Right SI Joint Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines, low back, SI joint.

Decision rationale: The medical records provided for review do not document the presence of at least 3 positive physical examination findings supportive of SI joint dysfunction and does not document the failure of at least 4-6 weeks of conservative treatment including PT or home exercises. ODG supports SI joint block with: 1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). 2. Diagnostic evaluation must first address any other possible pain generators. 3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. As such the medical records provided for review do not support medical treatment of SI joint injection and therefore is not medically necessary.