

Case Number:	CM15-0204085		
Date Assigned:	10/20/2015	Date of Injury:	06/09/2012
Decision Date:	12/02/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/16/2015

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: California, Oregon,
 Washington Certification(s)/Specialty: Orthopedic
 Surgery

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 injured worker is a 58 year old female who reported an industrial injury on 6-9-2012. Her diagnoses, and or impressions, were noted to include: chronic cervical facet joint syndrome; and chronic sacroiliitis. No imaging studies were noted. Her treatments were noted to include: a pain management consultation on 7-23-2015; medication management; and rest from work. The pain management progress notes of 9-17-2015 reported: a follow-up visit; no significant changes; that she was not taking any opioid medications because they were ineffective; continued right cervical pain that radiated up the back of her head and down toward her shoulder, with pain in the right. The objective findings were noted to include: excessive tenderness, along with increased pain, with extension and right rotations and axial; significant tenderness and pain around the right posterior iliac spine, aggravated by right thigh thrust and Faber's maneuver; physical exam that did not improve the pain generator and resulting in another request for cervical medial branch blocks at cervical 2-3-4, as well as at right sacroiliac joint injection for diagnostic purposes. The physician's requests for treatment were noted to include authorization for sacroiliac joint injections x 3; and for cervical 4-5-6 medial branch blocks. The original request for diagnostic injections of sacroiliac joint injections x 3; and for cervical 4-5-6 medial branch blocks was note on the 7-23-2015 pain management progress notes. No Request for Authorization for sacroiliac joint injections x 3; and for cervical 4-5-6 medial branch blocks was not noted in the medical record provided. The Utilization Review of 10-2-2015 non-certified the request for right sacroiliac joint block, and diagnostic cervical 3-7 medial branch blocks (4 level facets-medial branch blocks 50 bilateral modifier).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint block, C3-7 diagnostic MBB (4 level facets/MBB 50 bilateral modifier): Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Assessment. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back: Facet Joint Diagnostic Blocks; Hip and Pelvis: Sacroiliac Injections, Diagnostic.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back / Facet joint medial branch block (therapeutic injections) & Hip and Pelvis, Sacroiliac joint blocks.

Decision rationale: CA MTUS/ACOEM guidelines Chapter 12 Low Back complaints (physical methods), page 300 states that "lumbar facet neurotomies reportedly produce mixed results, Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." The use of diagnostic facet blocks requires that the clinical presentation to be consistent with facet-mediated pain. Treatment is also limited to patients with low back pain that is non-radicular in nature. In this case the exam note from 9/17/15 demonstrates radicular complaints. Therefore the determination is for non-certification. Per ODG Low Back / Facet joint medial branch block (therapeutic injections) medial branch blocks are "not recommended except as a diagnostic tool, minimal evidence for treatment." As this procedure is not recommended per ODG guidelines, the recommendation is for non-certification. CA MTUS/ACOEM is silent on the issue of sacroiliac joint injection. According to the ODG Hip and Pelvis, Sacroiliac joint blocks it is recommended as an option if 4-6 weeks of aggressive conservative therapy has been failed. In addition there must be at least 3 positive exam findings such as a pelvic compression test, Patrick's test and pelvic rock test. In this case there is no evidence of aggressive conservative therapy being performed prior to the request for the sacroiliac joint injection on 9/17/15. Therefore the guideline criteria have not been met and determination is not medically necessary.