MAXIMUS Federal Services

Case Number:	CM15-0022646		
Date Assigned:	03/18/2015	Date of Injury:	08/19/2004
Decision Date:	04/23/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/06/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67 year old male, who sustained an industrial injury on 8/19/04. The injured worker has complaints of bilateral lower extremity back pain as well as sacroiliac joint pain. The documentation noted on examination that there is moderate discomfort on palpation in the bilateral lower lumbar spine. The diagnoses have included multi-level lumbar fusion; failed back syndrome; bilateral sacroiliac joint arthropathy and L5-S1 facet arthropathy. Lumbar spine x-ray on 12/10/14 impression showed there was evidence of prior laminectomy and metallic fusion extending form L1-L5; slight levortoscoliosis was noted in combination with loss of lordosis which may be secondary to associated lumbar myositis and limited lumbar spine study was otherwise satisfactory.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) bilateral L4-S1 facet block injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter online, for diagnostic facet blocks.

Decision rationale: The 1/21/15 Utilization Review letter states the "One bilateral L4-S1 facet block injection" requested on the1/09/15 medical report was denied because the patient has prior lumbar fusion L1-S1. The UR letter did not discuss the 1/9/15 medical report, but did detail the 12/12/14 report. The 1/9/15 medical report was not provided for this review. The 12/12/14 neurosurgery report states "the patient complains of bilateral lower extremity back pain as well as sacroiliac joint pain". Exam shows positive sacroiliac joint compression bilaterally. The diagnoses include: multilevel lumbar fusion; failed back syndrome; bilateral sacroiliac joint arthropathy; L5/S1 facet arthropathy. Plan was to refer out for facet injections L5-S1 and SI joint injections for both diagnostic and therapeutic purposes. The 2/23/15 report states the patient complains of back pain with radiation to the lower extremities. The 7/3/14 x-rays show placement of bilateral pedicle screws from T12-L5 with associated laminotomy. More recently, the 12/10/14 x-ray of the lumbar spine shows fusion L1-L5 with associated laminotomy. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12 low back complaints, under "Physical Methods", pages 300 states Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. ODG-TWC guidelines, Low Back Chapter online, for diagnostic facet blocks, "Criteria for use of diagnostic blocks for facet "mediated" pain" states: "Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level". And "Limited to patients with low-back pain that is non-radicular". MTUS/ACOEM states facet injections for the lumbar spine are of questionable merit. ODG-TWC guidelines for lumbar diagnostic facet blocks state these are limited to non-radicular low back pain. The patient is reported to have radicular low back pain. ODG also states it is not for patients who have had prior fusion at the planned injection level. The x-rays show the patient has fusion L1-L5, and the planned injection included L4-S1. The L4-5 segment is fused, therefore the request for L4-S1 facet blocks is not in accordance with MTUS/ACOEM and ODG guidelines. The request for One bilateral L4-S1 facet block injection is not medically necessary.

One (1) sacroiliac joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Hip chapter, for SI joint blocks, Criteria for the use of sacroiliac blocks.

Decision rationale: The 1/21/15 Utilization Review letter states the "One sacroiliac joint injection" requested on the1/09/15 medical report was denied because, the 1/9/15 medical report was not provided for this review. The 12/12/14 neurosurgery report states "the patient complains of bilateral lower extremity back pain as well as sacroiliac joint pain". Exam shows positive sacroiliac joint compression bilaterally. The diagnoses include: multilevel lumbar fusion; failed back syndrome; bilateral sacroiliac joint arthropathy; L5/S1 facet arthropathy. Plan was to refer

out for facet injections L5-S1 and SI joint injections for both diagnostic and therapeutic purposes. The 2/23/15 report states the patient complains of back pain with radiation to the lower extremities. The 7/3/14 x-rays show placement of bilateral pedicle screws from T12-L5 12/10/14 x-ray of the lumbar spine shows fusion L1-L5 with associated laminotomy. MTUS/ACOEM did not discuss SI joint injections. ODG guidelines were consulted. ODG-TWC guidelines, Hip chapter, for SI joint blocks, Criteria for the use of sacroiliac blocks states: "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above)" The exam findings include: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH). The ODG criteria also state "Diagnostic evaluation must first address any other possible pain generators". The physician has not identified other possible pain generators, and has not provided at least three positive exam findings required under the ODG guidelines for SI joint injections. The ODG-TWC criteria for SI Joint injections have not been met. The request for One sacroiliac joint injection is not medically necessary.