

Case Number:	CM15-0050255		
Date Assigned:	03/23/2015	Date of Injury:	09/17/2012
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/17/2015

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 47 year old female, who sustained an industrial injury on September 17, 2012. She reported lower abdominal and low back pain. The injured worker was diagnosed as having lumbosacral spondylosis and sacroilitis. Treatment to date has included work modifications, pain and non-steroidal anti-inflammatory medications, physical therapy, chiropractic therapy, MRI, and ice/heat. On January 29, 2015, the injured worker complains of continued low back pain in the lumbar and sacral region. The physical exam revealed pain with range of motion of the lumbar spine, mild tenderness of the paraspinal muscles, positive tenderness of the bilateral facet joints with bilateral facet loading, sacroiliac joint region tenderness, normal bilateral lower extremities reflexes, negative bilateral straight leg raise, and positive bilateral Patrick's sign. The treatment plan includes bilateral sacroiliac joint injections and bilateral lumbar facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral facet injection x 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Lumbar Facet Injections.

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 ? Lumbar & Thoracic (Acute & Chronic) chapter, Facet Joint Diagnostic Block Injections.

Decision rationale: The patient presents with continued low back pain in the lumbar and sacral region. The request is for BILATERAL FACET INJECTION X2. The RFA provided is dated 02/04/15. Patient's diagnosis included lumbosacral spondylosis and sacroilitis. Physical examination revealed pain with range of motion of the lumbar spine, mild tenderness of the paraspinal muscles, positive tenderness of the bilateral facet joints with bilateral facet loading, sacroiliac joint region tenderness, normal bilateral lower extremities reflexes, negative bilateral straight leg raise, and positive bilateral Patrick's sign. The patient is currently working. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, state that: 1) Tenderness to palpation in the paravertebral areas (over the facet region); (2) A normal sensory examination; (3) Absence of radicular findings, although pain may radiate below the knee; (4) Normal straight leg raising exam. The ACOEM guidelines Chapter 12 on Low Back complaints page 300 do not support facet injections for treatment but does discuss dorsal medial branch blocks as well as radiofrequency ablations. ODG guidelines under the Low Back Chapter on Facet Joint Diagnostic Block Injections also support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. But it does not recommend therapeutic injections due to lack of evidence. No more than 2 levels bilaterally are recommended. Medical records provided do not indicate that this patient has prior facet joint injections. In this case, the patient presents with continued low back pain that is non-radicular with no neurologic findings. Physical examination revealed tenderness to palpation in the paravertebral areas and over the facet region. However, the guidelines do not support multiple facet injections, but rather diagnostic evaluation/injection followed by RF ablation if successful. Furthermore, the treater does not indicate specific joints and levels to be injected. ODG guidelines support no more than 2 level injections if it is to be done. Therefore, the request IS NOT medically necessary.

Bilateral SI joint injection x 2: 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) Treatment in Workers Compensation (TWC); Low Back, sacroiliac joint injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter under SI joint injections.

Decision rationale: The patient presents with continued low back pain in the lumbar and sacral region. The request is for BILATERAL FACET INJECTION X2. The RFA provided is dated 02/04/15. Patient's diagnosis included lumbosacral spondylosis and sacroilitis. Physical

examination revealed pain with range of motion of the lumbar spine, mild tenderness of the paraspinal muscles, positive tenderness of the bilateral facet joints with bilateral facet loading, sacroiliac joint region tenderness, normal bilateral lower extremities reflexes, negative bilateral straight leg raise, and positive bilateral Patrick's sign. The patient is currently working. ODG guidelines, Low Back Chapter under SI joint injections states: "Treatment: There is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment -at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories- as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block." ODG further states that, "The history and physical should suggest the diagnosis -with documentation of at least 3 positive exam findings as listed... Diagnosis: Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test; Patrick's Test ; Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test ; Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test." Treater has not provided evidence of a clinical picture suggestive of sacroiliac injury or disease. The patient presents with complaints of lower back pain with positive bilateral Patrick's sign. ODG requires at least 3 positive exam findings suggestive of SI injury or disease before considering SI joint injections appropriate, no such findings have been included. Furthermore, the request for 2 SI injections is not within the guidelines Therefore, the request IS NOT medically necessary.