

Case Number:	CM15-0051408		
Date Assigned:	03/24/2015	Date of Injury:	05/21/2004
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/18/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 54-year-old male sustained an industrial injury to the low back on 5/21/04. Previous treatment included magnetic resonance imaging, lumbar laminectomy with decompression, epidural steroid injections, radiofrequency ablation, medial branch blocks, physical therapy, home exercise, left foot orthotic and medications. The injured worker later developed reflex sympathetic dystrophy to bilateral lower extremities with bilateral foot drop necessitating the use of a wheelchair, crutches and a cane for mobility. In a pain clinic visit noted dated 11/25/14, the injured worker complained of pain to bilateral hips, low back pain and bilateral lower extremities, rated 9-10/10 on the visual analog scale with diffuse muscle spasms, numbness to the right foot and contractures of the left foot. The injured worker reported intermittent incontinence of urine and stool. Current diagnoses included sacral pain, hip pain, lumbar pain and reflex sympathetic dystrophy. The treatment plan included left lateral branch block, medications (Fentanyl, Norco and Ibuprofen), referral to a neurologist and pain rehabilitation program consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left lateral branch blockade: 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), Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Sacroiliac injections>. Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: MTUS guidelines are silent regarding sacroiliac injections. According to ODG guidelines, sacroiliac injections are medically necessary if the patient fulfills the following criteria: 1. The history and physical examination should suggest the diagnosis; 2. Other pain generators should be excluded; 3. Documentation of failure of 4-6 weeks aggressive therapies; 4. Blocks are performed under fluoroscopy; 5. Documentation of 80% pain relief for a diagnostic block; 6. If steroids are injected during the initial injection, the duration of relief should be at least 6 weeks; 7. In the therapeutic phase, the interval between 2 block is at least 2 months; 8. The block is not performed at the same day as an epidural injection; 9. The therapeutic procedure should be repeated as needed with no more than 4 procedures per year. It is not clear from the patient file, that the patient fulfills the criteria of sacroiliac damage, that the sacroiliac joint is the pain generator and other pain generator have been excluded. Therefore, the requested for 1 left lateral branch blockade is not medically necessary.