

Case Number:	CM15-0058472		
Date Assigned:	04/03/2015	Date of Injury:	09/07/2007
Decision Date:	05/05/2015	UR Denial Date:	03/21/2015
Priority:	Standard	Application Received:	03/27/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

The injured worker is a 44 year old female, who sustained an industrial injury on September 7, 2007. She reported slipping and falling on stairs, injuring her back. The injured worker was diagnosed as having lumbar facet arthropathy, lumbosacral spondylosis/arthropathy, and status post lumbar spine fusion with instrumentation and subsequent hardware removal. Treatment to date has included spinal fusion and subsequent removal of hardware, electric stimulators, activity modification, physical therapy, and medication. Currently, the injured worker complains of back pain, hip pain, muscle tension, depression, and muscle weakness. The Treating Physician's report dated March 9, 2015, noted the injured worker's current medications as Amlodipine, Clindamycin, Lisinopril, Premarin, and Venlafaxine. Sacroiliac compression and distraction tests were noted to be positive on the right for bringing out the injured worker's concordant primary pain, with multiple tender points including the lumbosacral musculature, greater trochanters, and iliotibial bands. Lumbar facet low back extension rotation was noted to cause a secondary pain in the low back, worse on the right than the left, with reduced range of motion (ROM) throughout the lumbar spine. The Physician recommended a diagnostic sacroiliac block to the dorsal ramus sensory fibers L5-S3 on the right to determine the injured worker's pain generator and whether she would be a candidate for radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dorsal Ramus Sensory Nerve Block, Right Lumbar L5-S3 (sacroiliac): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis chapter - Sacroiliac (SI) Joint Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), Epidural steroid injections (ESIs), therapeutic and Other Medical Treatment Guidelines MD Guidelines, Facet Joint Injections/Therapeutic Facet Joint Injections.

Decision rationale: ACOEM Guidelines report that "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain". ODG and MD Guidelines agree that: "One diagnostic facet joint injection may be recommended for patients with chronic low back pain that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments (e.g., NSAIDs, aerobic exercise, other exercise, manipulation) in order to determine whether specific interventions targeting the facet joint are recommended.? The treating physician (6/10/2013) writes "request for left SI joint injection for therapeutic and diagnostic purposes due to multiple positive exam findings". The treating physician does document multiple positive exam findings and details previous lumbar surgery, but does not detail level of pain relief as it pertains to conservative treatments and the failure of conservative treatments. As such, the request for Dorsal Ramus Sensory Nerve Block, Right Lumbar L5-S3 (sacroiliac) is not medically necessary at this time.