

Case Number:	CM14-0080676		
Date Assigned:	07/18/2014	Date of Injury:	11/20/2012
Decision Date:	09/19/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/02/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 34-year-old female who has submitted a claim for coccyx sprain, coccygeal fracture, sacroiliac joint strain, and L5-S1 disc dysfunction associated with an industrial injury date of November 20, 2012. Medical records from 2012-2014 were reviewed. The patient complained of low back and sacroiliac joint pain. Prolonged sitting and standing remained limited by the severity of pain. Physical examination showed mild paravertebral muscle spasms and bilateral sacroiliac joint, right piriformis muscle, bilateral coccyx, and greater trochanter tenderness. There was limited range of motion of the lumbar spine. Plantar reflex was decreased bilaterally. Sensation was decreased on the left S1 distribution. MRI of the lumbar spine dated December 20, 2013 revealed L5-S1 2mm central disc protrusion with high intensity zone/annular fissure. Treatment to date has included medications, physical therapy, home exercise program, and activity modification. Utilization review, dated May 19, 2014, denied the request for right L5-S1 medial branch block because the current clinical findings were not suggestive of facet pathology and the analgesic response to medications and physical therapy was not recorded to suggest failure of conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

right L5 -S1 medial branch Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): given.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Diagnostic Blocks (Injections).

Decision rationale: As stated on page 300 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, facet injections for non-radicular facet mediated pain is guideline recommended. In addition, the Official Disability Guidelines state that medial branch blocks are not recommended except as a diagnostic tool and there is minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include one set of diagnostic medial branch blocks with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; and there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks. They should not be performed in patients who have had a previous fusion procedure at the planned injection level, and no more than 2 joint levels should be injected in one session. In this case, patient has persistent low back and sacroiliac joint pain. However, there was no evidence of facet mediated pain. Furthermore, there was no documentation of failure of conservative treatment 4-6 week prior to the requested procedure. The guideline criteria have not been met. Therefore, the request for right L5 -S1 medial branch Block is not medically necessary.