

Case Number:	CM14-0090539		
Date Assigned:	07/25/2014	Date of Injury:	07/08/1998
Decision Date:	09/17/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/17/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 54 year old male who reported an injury on 07/08/1998, from an unspecified mechanism of injury. The injured worker had diagnoses of chronic pain syndrome, history of lumbar fusion, sacroilitis, myofascial pain and spinal cord stimulator implant. It was documented that the injured worker has had surgeries to include a lumbar fusion and a spinal cord stimulator implant on unspecified dates. The injured worker had been using medications for management of the pain. He had an examination on 04/07/2014 that noted, the medications were beneficial to the injured worker with back pain at 3/10. The examination on 05/05/2014 the injured worker had complaints of chronic low back pain and stated his pain at 5/10. The clinical findings included chronic back pain with spinal cord stimulator was improving radiculopathy and neuropathy pain, diminished range of motion in the low back, tenderness to palpation along the lumbosacral junction and a positive Faber and Gaenslen signs. The injured worker medications included Percocet and Oxycontin. The plan of treatment was for continuation of Percocet and Oxycontin. The rationale provided for lateral branch blocks at S1, S2 and S3 to the left side was for diagnostic purposes with a future treatment of a radiofrequency ablation to the SI joint. The request for authorization form was received on 05/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left medial or lateral branch blocks at S1,S2 and S3 (quantity not specified): 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 (updated 03/25/2014), Sacroiliac joint blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & pelvis, Sacroiliac joint radiofrequency neurotomy.

Decision rationale: The request for Left medial or lateral branch blocks at S1, S2 and S3 (quantity not specified) is not medically necessary. The examination on 05/05/2014 had findings of positive Faber and Gaenslen signs, low back pain of 5/10 and diminished range of motion in the low back, tenderness to palpation along the lumbrosacral junction. Noted to have an improvement of radicular and neuropathic pain with a spinal cord stimulator. The Official Disability guidelines indicate sacroiliac joint radiofrequency neurotomy is not recommended, the lateral branch block technique has been questioned, in part, due to the fact that the innervation of the SI joint remains unclear. Studies are needed to confirm and treatment parameters for this poorly understood disorder and innervation of the SI joint remains unclear. Therefore, despite evidence of sacroiliac joint pain, the requested procedure is still under study and not currently recommended by the guidelines. As such, the request is not medically necessary.