

Case Number:	CM15-0119045		
Date Assigned:	06/29/2015	Date of Injury:	07/01/2010
Decision Date:	07/28/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 44 year old female with a July 1, 2010 date of injury. A progress note dated May 19, 2015 documents subjective complaints (lower back pain rated at a level of 8/10), objective findings (antalgic gait; heel-toe walk exacerbated to the right; diffuse tenderness noted over the lumbar paravertebral musculature; facet tenderness noted at L4 through S1; right sacroiliac tenderness; Fabere's/ Patrick, sacroiliac thrust, and Yeoman's tests positive on the right; Kemp's and Farfan tests positive bilaterally; decreased range of motion of the lumbar spine; decreased strength of the right big toe extensor and right knee extensor), and current diagnoses (lumbar disc disease; lumbar radiculopathy; lumbar facet syndrome; right sacroiliac joint sprain/strain; posterior annular tear at L4-L5). Treatments to date have included bilateral selective nerve root block with 80% relief to the lower lumbar spine and to the legs for one week and 50-60% improvement thereafter, medications, imaging studies, acupuncture, chiropractic treatment which provided temporary relief, and physical therapy. The treating physician documented a plan of care that included bilateral L4 through S1 medial nerve blocks or right sacroiliac joint injection and/or right sacroiliac joint block.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) bilateral L4 through S1 medial nerve blocks or right sacroiliac joint injection and/or right sacroiliac joint block: 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 Official Disability Guidelines (ODG) (1) Hip & Pelvis (Acute & Chronic) Sacroiliac joint blocks (2) Low Back-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant sustained a work injury in July 2010 and continues to be treated for low back pain. When seen, pain was rated at 8/10. There had been improvement after a selective nerve root block. There was an antalgic gait. There was diffuse paraspinal and bilateral facet joint tenderness. Fabere, Yeoman, and sacroiliac thrust testing was positive on the right side and there was right sided sacroiliac joint tenderness. Farfan testing was positive bilaterally. Authorization for repeat selective nerve root block was requested. Authorization for a right sacroiliac joint injection or block and bilateral lumbar medial branch blocks was requested in case her radicular symptoms improved but she had persistent low back pain. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has axial low back pain with positive facet loading and has undergone extensive prior conservative treatment. Criteria for the use of sacroiliac blocks include a history of and physical examination findings consistent with a diagnosis of sacroiliac joint pain and after failure of conservative treatments. Requirements include the documentation of at least three positive physical examination findings. In this case, the claimant has undergone extensive prior conservative treatments including medications, acupuncture, chiropractic care, and injections. The requesting provider documents three positive findings and the claimant has right sacroiliac joint tenderness. However, the claimant has not undergone the planned repeat selective nerve root blocks. Whether she would have physical examination findings that would meet the required criteria for either a sacroiliac joint injection or block or facet blocks after undergoing this procedure is unknown. Therefore, the request is not appropriate at this time.