

<b>Case Number:</b>	CM15-0173444		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	11/27/2014
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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:

The injured worker is a 26 year old female who sustained an industrial injury on 11-27-14. She had complaints of lower back pain. Treatments include: medication and physical therapy. Progress report dated 8-20-15 reports continued complaints of lower back pain rated 7 out of 10. Diagnoses include: low back pain from multifactorial chronic etiologies, compensatory myofascial pain secondary pain generator, increased BMI and spondylolisthesis. Plan of care includes: continue fentanyl 12.5 mg, percocet 5-325 mg, recommend medial branch blocks right L5, S1 and S3 is recommended lateral branch, if not a candidate for medial branch block may consider radio-frequency rhizotomy, refill celebrex, gabapentin and percocet, fentanyl applied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L5 medial branch block and S1, S2, S3 lateral branch block injection x 1 with steroid:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**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 (Acute & Chronic) Sacroiliac joint blocks.

**Decision rationale:** The claimant sustained a work injury in November 2014 and is being treated for low back pain. When seen, she was having deep aching with pain radiating to the right buttock, posterior thigh, and occasionally into the lower leg. Physical examination findings included a BMI of nearly 55. There was positive Fortin finder and Fabere testing. There was lumbar paraspinal muscle and gluteal tenderness. There was right sacroiliac joint and sciatic notch tenderness. There was decreased and painful lumbar range of motion. Seated straight leg raising was positive on the right side only. There was decreased right lower extremity sensation. Imaging results were reviewed. A right sacroiliac joint block was requested for diagnostic and therapeutic purposes. A Toradol injection was administered. Criteria for the use of a sacroiliac block 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, two positive physical examination findings are documented. The above criteria are not met and the requested sacroiliac joint injection is not considered medically necessary.