

Case Number:	CM13-0013704		
Date Assigned:	12/04/2013	Date of Injury:	02/28/2007
Decision Date:	01/29/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular 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 physician 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:

██████████ is a 54 year old woman who sustained work related injury of February 28 2007. She developed chronic back pain with cramps and burning sensation in both lower extremities. She was diagnosed with lumbosacral spondylosis without myelopathy and lumbar radiculitis. The patient was treated with pain medications and permanent spinal cord stimulator. In a note of February 2013, the patient still complaining of lower back and left leg pain. His physical examination showed tenderness in the lumbar spine. The provider is requesting authorization to perform left sacroiliac injection and outpatient routine drug screen

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left sacroiliac joint injection to be performed by ██████████ at ██████████
██████████: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sacroiliac injections

Decision rationale: MTUS guidelines are silent regarding sacroiliac injections. According to ODG guidelines, sacroiliac injections are medically necessary if the patient fulfills the following criteria: 1.the history and physical examination should suggest the diagnosis; 2. Other pain generators should be excluded; 3. Documentation of failure of 4-6 weeks aggressive therapies; 4. Blocks are performed under fluoroscopy; 5. Documentation of 80% pain relief for a diagnostic block; 6. If steroids are injected during the initial injection, the duration of relief should be at least 6 weeks; 7. In the therapeutic phase, the interval between 2 block is at least 2 months; 8. The block is not performed at the same day as an epidural injection; 9. The therapeutic procedure should be repeated as needed with no more than 4 procedures per year. It is not clear from the patient file, that the patient the patient fulfills the criteria of sacroiliac damage, that other pain generator has been excluded and failure of aggressive conservative therapies for at least 4 weeks. Therefore, the requested sacroiliac injection is not medically necessary

Outpatient routine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: According to MTUS guidelines, urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. There is no documentation of concern regarding noncompliance to medications or the use of illicit drugs. Therefore, the prescription of outpatient routine drug screen is not medically necessary.

Outpatient sleep study for pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sleep Studies

Decision rationale: MTUS guidelines are silent regarding the indications for sleep studies. According to ODG guidelines, sleep studies are recommended after at least 6 of insomnia unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. It is not clear from the patient file, that the above therapies were tried before requesting a sleep study. Therefore, the requested sleep study is not medically necessary.