

Case Number:	CM13-0015114		
Date Assigned:	10/04/2013	Date of Injury:	03/17/2011
Decision Date:	01/27/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/21/2013

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 Occupational Medicine and is licensed to practice in North Carolina and New York. 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.

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 claimant, a 35 year old woman, has been diagnosed with lumbar musculoligamentous sprain/strain and right sacroiliac joint arthropathy after a slip and fall injury 3/17/11, and is requesting authorization for right sacroiliac injection (2nd), a hot/cold contrast system, and an ergonomic workstation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second right sacroiliac joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline, Hip and Pelvis Chapter, 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; Hip and Pelvis, SI Joint Blocks.

Decision rationale: The guidelines note that SI joint injection should be successful before embarking on additional ones. The first should have sustained benefit for at least 6 weeks and give more than 70% relief. Success of the first injection has not been documented, and thereby the second is not approved.

Hot/cold contrast system: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 44, 48, 288, 300.

Decision rationale: Initial management of musculoskeletal injuries can be managed with heat or cold therapy per ACOEM practice guidelines. Passive modalities such as heat and cold for temporary relief of symptoms and to facilitate mobilization and graded exercises during the acute to subacute phases of treatment, for 2 weeks or less. Relieving discomfort of low back pain can be accomplished with the use of thermal modalities such as ice and/or heat. At home local applications of heat or cold are as effective as those performed by therapists. The chronic pain medical guidelines section of the MTUS guidelines does not give specific recommendations on how to use heat therapy. It is not clear why this particular device is required to supply heat therapy, which is recommended, and no documentation supporting its use specifically is supplied for review.

Ergonomic workstation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 31, 45.

Decision rationale: Ergonomic considerations are important with return to work and working safely. No description of the specific "workstation" was available for review, however it is not in the realm of a treatment guideline, however, to provide furniture and equipment to that end. Ergonomic evaluation and suggestions can be made, as well as other administrative recommendations, such as work hours to the workplace for consideration. Since this is not a treatment, there are no treatment guidelines to review for this purpose. Of course, proper ergonomics are important to the clinical outcome of an injured worker, and should be explored.