

Case Number:	CM13-0024975		
Date Assigned:	11/20/2013	Date of Injury:	01/24/2010
Decision Date:	01/29/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/17/2013

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 Anesthesiology has a subspecialty in Pain Management 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:

The patient is a 42-year-old female who reported an injury on 01/24/2010. The patient is currently diagnosed with lumbar sprain and strain, herniated and bulging disc in the lumbar spine, and right lower extremity radiculopathy. The patient was recently seen by [REDACTED] on 06/19/2013. The patient complained of persistent lower back pain with radiation to the lower extremities. The physical examination revealed tenderness to palpation, muscle spasm, and limited range of motion. The treatment recommendations included continuation of current medications, an EMG of the lower extremities, and TENS therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

right sacroiliac joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, Sacroiliac Joint Blocks.

Decision rationale: The California MTUS/ACOEM Practice the guidelines state invasive techniques such as local injections are of questionable merit. The Official Disability Guidelines

state criteria for the use of sacroiliac blocks include a history and physical suggestive of the diagnosis with exclusion of any other possible pain generators. The patients should prove unresponsive to at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise, and medication management. As per the clinical notes submitted, there is no mention of any focal tenderness over the right SI joints, and there is no mention of positive provocative testing for the sacroiliac joint. There is also no documentation of this patient's failure to respond to at least 4 to 6 weeks of recent conservative therapy, nor is there mention of any other probable pain generators. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

right sciatic notch injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, Sacroiliac Joint Blocks.

Decision rationale: The California MTUS/ACOEM Practice the guidelines state invasive techniques such as local injections are of questionable merit. The Official Disability Guidelines state criteria for the use of sacroiliac blocks include a history and physical suggestive of the diagnosis with exclusion of any other possible pain generators. The patients should prove unresponsive to at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise, and medication management. As per the clinical notes submitted, there is no mention of any focal tenderness over the right SI joints, and there is no mention of positive provocative testing for the sacroiliac joint. There is also no documentation of this patient's failure to respond to at least 4 to 6 weeks of recent conservative therapy, nor is there mention of any other probable pain generators. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

right hip bursa injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, Sacroiliac Joint Blocks.

Decision rationale: The Official Disability Guidelines state trochanteric bursitis injections are recommended. Gluteus medius tendinosis and tears, and trochanteric bursitis and pain are symptoms that are often related, and commonly correspond with shoulder tendinosis and subacromial bursitis, though there is no evidence of a direct correlation between the hip and shoulder. As per the clinical notes submitted, there is no mention of tenderness over the right hip bursa, nor is there mention of any conservative treatments specifically directed to the right hip

bursa prior to the request for an injection. There were no plain films submitted prior to the request for an injection. Based on the clinical information received, the request is non-certified.