

Case Number:	CM13-0046568		
Date Assigned:	12/27/2013	Date of Injury:	02/23/2004
Decision Date:	02/20/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/31/2013

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 Orthopedic Surgery, 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 39-year-old female who sustained an injury to the low back in a work related accident on 02/23/04. She also sustained injuries to the cervical spine and bilateral shoulders. Electrodiagnostic study of August 2013 was noted to be negative to the bilateral upper and lower extremities. Progress report by [REDACTED] of 08/14/13 showed continued complaints of pain about the low back and documented at the time the request for a facet joint injections as well as left sacroiliac joint injection had been denied. [REDACTED] described continued complaints of pain about the low back resulting from work related injury, for which the claimant has undergone aquatic therapy, acupuncture, activity modifications, home therapy, and medication usage. He stated a 07/26/13 MRI report showed evidence of facet arthropathy at the L4-5 and L5-S1 levels. He indicated that physical examination showed muscle guarding and tenderness over the paravertebral musculature with pain over the left SI joint, increased low back complaints, positive straight leg raising, positive Yeoman's and Gaenslen's test over the left sacroiliac joint. Based upon continued complaints of axial low back and left sacroiliac joint pain, and failed conservative care, injections in the form of facet joint injections and a left sacroiliac block were recommended. There was also a specific request for acupuncture for six sessions to the claimant's cervical spine and bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet blocks and left sacroiliac joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, injections to both the facet joints and SI joint would not be indicated. The Guideline criterion indicates that the role of facet joints is an isolated procedure that should not be performed with other forms of injection care in the same clinical setting. The lack of clear clinical diagnosis of facet joint pain, given the claimant's continued buttock complaints, and SI findings on examination would fail to necessitate the role of the requested process. Also in this case, the role of a SI joint injection would not be indicated as the need for clear documentation of SI joint dysfunction has not been established. The claimant continues with low back complaints, for which concordant facet joint injections are also being recommended. Guideline criteria clearly indicate that other pain generators need to be eliminated prior to proceeding with any degree of SI joint procedure. This specific request for dual injections in this case would fail to necessitate their need. .

Acupuncture 2 times 3 to the cervical spine & bilateral shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on California MTUS Acupuncture Guidelines, treatment to the cervical spine and bilateral shoulders would not be indicated. The claimant's current clinical presentation does not document specific complaints to the cervical spine or bilateral shoulders that would necessitate continued conservative care measures. The lack of documentation of prior care to the shoulders and cervical spine, lack of formal imaging or physical examination findings would fail to necessitate this specific request at present.