

Case Number:	CM13-0064818		
Date Assigned:	01/03/2014	Date of Injury:	04/16/2001
Decision Date:	04/18/2014	UR Denial Date:	11/28/2013
Priority:	Standard	Application Received:	12/12/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/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 46 year old female that reported an injury on 04/16/2001 with a mechanism of injury that was reported as while the patient and his coworker who was in front of the dolly that was loaded with drywall sheets weighing approximately 600 pounds going down an incline, the coworker lost control and the patient had to try to keep the dolly from rolling down the hill he felt a sudden pain the low back and right groin. Medications listed on the clinical record dated 10/22/2013 were new orders for Doxycycline 100 mg twice a day and Naprosyn. Surgical history was not provided in the medical records. The clinical note reviewed electrodiagnostic studies of the lower extremities 2004 revealed no evidence of lumbar radiculopathy, an MRI dated 05/10/2002 revealed disc desiccation at L5-S1, an MRI of the lumbar spine 2004 revealed degenerative stenosis from L3-L5, there was a 3mm disc bulge with mil encroachment on the L5 nerve roots bilaterally, with the right greater than the left. 07/13/2011 Hernioram; impression-no evidence of groin hernia. The patient complained of increasing right groin pain, right hip/buttock pain as well as low back discomfort, reported a pain level of 7/10 on pain scale the pain was reported as constant in the right upper buttock area with intermittent radiating symptoms. On exam it was noted that the right testicle was felt to be enlarged with marked tenderness compared to the left and there was diffuse inguinal tenderness with no bulge or obvious hernia palpated. On the lumbar spine exam it was noted that the patient had a positive SI Joint Sulcus Tenderness, Positive Fabere's/Patrick test, Sacroiliac Thrust Test was positive, and a positive Yeoman's test. The patient had a positive left and right Straight Leg Raise and it was noted that he had referred back pain with straight leg raise and hamstring tightness.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR DOXYCYCLINE 100 MG: Upheld

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

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

Decision rationale: The Official Disability Guidelines (ODG) states that Doxycycline is recommended for the treatment of non-purulent cellulitis. The patient has a clinical note that states he may possibly have chronic epididymitis. The previous Herniorrhaphy showed no hernia. On exam it was noted that the right testicle felt enlarged with marked tenderness but no noted bulge or obvious hernia palpated. The patient complained of increasing right groin pain. Therefore, the request is non-certified.

THE REQUEST FOR ONE (1) DIAGNOSTIC RIGHT SI JOINT INTRA-ARTICULAR INJECTION UNDER FLUOROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter, Sacroiliac Joint Block Section.

Decision rationale: Criteria per the Official Disability Guidelines (ODG) state for the use of sacroiliac blocks that the patient has to have documentation of: the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. If failed at least 4-6 weeks of aggressive conservative therapy as indicated below. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Pain may radiate into the buttock, groin and entire ipsilateral lower limb. The patient had a positive test for SI Joint Sulcus Tenderness, Positive Fabere's/Patrick test, Sacroiliac Thrust Test was positive, and a positive Yeoman's test. Due to the no failed documentation of aggressive conservative therapy including PT, home exercise and medication management. The request is non-certified

THE REQUEST FOR AN MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI Section.

Decision rationale: The Official Disability Guidelines (ODG) state that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The documentation provided did not show any change in symptoms or findings that had a suggestion of significant pathology. The patient complained of pain that was increasing right groin pain, right hip/buttock pain as well as low back discomfort, reported a pain level of 7/10 on pain scale the pain was reported as constant in the right upper buttock area with intermittent radiating symptoms. The patient was taking Naproxen only for pain control. And was noted to not have any new pain areas. Therefore the request is non-certified.