

Case Number:	CM13-0067875		
Date Assigned:	01/03/2014	Date of Injury:	09/12/2012
Decision Date:	06/06/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/18/2013

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 Anesthesiology, Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 50-year-old male who reported an injury on 09/12/2012 secondary to lifting. The diagnoses included status post right sided L3-L4 decompression micro discectomy. The injured worker was evaluated on 09/09/2013 for reports of right sided back pain rated low. The exam noted pain with FABER (Flexion, Abduction, and External Rotation of the hip) sign type maneuver. The treatment plan included pain management consultation and lumbar injections. The request for authorization dated 09/09/2013 is in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULTATION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. 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) SHOULDER, OFFICE VISITS.

Decision rationale: The California MTUS/ACOEM Guidelines do not address this issue. The Official Disability Guidelines (ODG) state evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to

function of an injured worker, and they should be encouraged. The injured worker had a surgical procedure and the exam noted the injured worker should follow up with a pain management physician regarding pain levels. The injured worker has failed other conservative therapies and has undergone a discectomy without the relief of pain. The treatment plan includes possible injection therapy. Therefore, based on the documentation provided, the request is certified.

RIGHT S1 (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 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, SACROILIAC JOINT BLOCKS.

Decision rationale: The California MTUS/ACOEM Guidelines do not address this issue. The Official Disability Guidelines (ODG) recommend sacroiliac (SI) joint injections as an option if the injured worker has failed at least 4-6 weeks of aggressive conservative therapy. The history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings. The diagnostic evaluation must first address any other possible pain generators. The blocks are performed under fluoroscopy. Although there is presence of a positive FABER test, there is a lack of other objective findings to indicate the need for an injection and failed attempts at conservative therapy. There is also a lack of an indication of the exact type of injection requested. Furthermore, there is no evidence of the intention to use fluoroscopy during the injection. Therefore, based on the documentation provided, the request is non-certified.