

Case Number:	CM13-0068600		
Date Assigned:	01/03/2014	Date of Injury:	05/26/2009
Decision Date:	06/10/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/19/2013

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 Physical Medicine & Rehabilitation, 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 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 44 year-old male who reported an injury on 05/26/2009 secondary to lifting a barrel. The injured worker had a three level decompression/fusion surgery, in 04/2013, at L3-4, L4-5 and l5-S1. The injured worker has participated in an unknown amount of physical therapy sessions and exercise which increased his pain. The injured worker's prior treatment also included epidural steroid injections and medications. An MRI (magnetic resonance imaging) of the lumbar spine was performed on 09/27/2011 which reported findings to include degenerative disc disease at the L3-L4, L4-L5 and L5-S1, mild to moderate bilateral neural foraminal narrowing at the L5-S1 level secondary to a 2-3mm broad based posterior protrusion and hypertrophy of the facet joints. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL SACROILIAC JOINT BLOCK INJECTIONS, PER REPORT DATED 10/18/13, QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Disability Guidelines (ODG), Hip and Pelvis, Criteria for the use of sacroiliac blocks.

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 injured worker has a history of low back pain with decompression/fusion surgery in 04/2013 and treatment to include physical therapy and exercise. The Official Disability Guidelines (ODG) state the criteria for the use of sacroiliac blocks include the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings including: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH)). The ODG guidelines note diagnostic evaluation must first address any other possible pain generators and the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including physical therapy, home exercise, and medication management. Blocks should be performed under fluoroscopy. a positive diagnostic response is recorded as 80% for the duration of the local anesthetic. The ODG states that the block should not be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block. The requesting physician did not provide any recent clinical documentation indicating functional deficits, prior courses of treatment, and physical exam findings to support the injured workers need for the injection. Based on the lack of clinical documentation, provided for review, this request is non-certified.

BILATERAL GLUTEAL MYOFASCIAL TRIGGER POINT INJECTIONS (UP TO 6 INJECTIONS), PER REPORT DATED 10/18/13,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Trigger point injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Trigger point injections Page(s): 122.

Decision rationale: The injured worker has a history of low back pain with decompression/fusion surgery in 04/2013 and treatment to include physical therapy and exercise. The CA MTUS Guidelines recommend trigger point injections with a local anesthetic for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); not more than 3-4 injections per session; trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The requesting physician did not provide any recent clinical documentation indicating functional deficits, prior courses of treatment, and physical exam findings to support the injured workers need for the injections. Based on the lack of clinical documentation, provided for review, this request is non-certified.

