

Case Number:	CM14-0108191		
Date Assigned:	08/01/2014	Date of Injury:	07/19/2007
Decision Date:	09/17/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/11/2014

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 & Pain Medicine and is licensed to practice in Texas and Ohio. 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 58-year-old female who reported an injury on 07/19/2007. The mechanism of injury was not provided. On 06/09/2014, the injured worker presented with complaints of neck pain radiating to the bilateral trapezius and down the bilateral arms into the hands and low back pain radiating into the bilateral buttocks down the anterior and posterior thighs with numbness in the bilateral shins. Current examination of the cervical spine and upper extremities revealed tenderness to palpation over the paracervical muscles bilaterally and tenderness over the trapezius musculature bilaterally. There was decreased range of motion and 5/5 motor strength. Examination of the lumbar spine and lower extremities reveal tenderness to palpation of the lumbar paravertebral muscles bilaterally and tenderness over the right greater than left sacroiliac joint or the right sciatic notches. There was tenderness over the bilateral greater trochanter and decreased sensation over the left L3, L4, and L5 dermatome distribution. There was decreased range of motion and 5/5 strength. There was a positive straight leg raise bilaterally and a positive pelvic compression test. Diagnoses were bilateral sacroiliac joint dysfunction, bilateral greater trochanter bursitis, facet arthropathy L4-5, left neural foraminal stenosis C5-6 and C6-7, C5-6 disc degeneration with stenosis, bilateral cervical radiculopathy, headaches, dizziness, and bilateral lumbar radiculopathy L5 per EMG dated 12/13/2012. The provider recommended postural lumbar orthosis, a pain management consultation, bilateral sacroiliac joint block with arthrogram, x-rays of the cervical spine, x-rays of the lumbar spine, and x-rays of the pelvis. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) postural lumbar orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12 (Low Back Disorders) (Revised 2007), p 139.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The request for One (1) postural lumbar orthosis is non-certified. The ACOEM/California MTUS Guidelines state that because evidence is insufficient to support using lumbar orthosis for treating low back injuries, it is not recommended. There is no medical indication that a back brace would assist in the treatment for the injured worker. As such, the request is non-certified.

One (1) pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, p 56; Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163.

Decision rationale: The request for One (1) pain management consultation is non-certified. The California MTUS/ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness to return to work. There is no clear rationale to support the need for a consultation. As such, the request is non-certified.

One (1) bilateral sacroiliac joint block with arthrogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (Acute & Chronic).

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 Block.

Decision rationale: The request for One (1) bilateral sacroiliac joint block with arthrogram is non-certified. The Official Disability Guidelines recommend a sacroiliac joint block as an option

after a 4 to 6 week aggressive conservative therapy has failed. Sacroiliac dysfunction is poorly defined, and the diagnosis is often difficult to make due to the presence of other low back pathology. The criteria for use of a sacroiliac block include documentation of at least 3 positive exam findings, diagnostic evaluation must first address any possible pain aggravators, injured workers failed at least 4 to 6 weeks of aggressive conservative therapy, blocks are performed under fluoroscopy for guidance, and steroids are injected during the initial injection with a pain relief duration of at least 6 weeks with a greater than 70% response to pain. The provider noted that the injured worker had a positive for TENS, positive pelvic distraction, positive pelvic compression, and a positive Gaenslen's test bilaterally. There was a lack of evidence of a diagnostic evaluation to address other possible pain generators and lack of documentation of failure to respond to 4 to 6 weeks of aggressive conservative therapy. Based on the above documentation, the request is non-certified.

X-rays of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179, 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

Decision rationale: The request for X-rays of the cervical spine is non-certified. California MTUS/ACOEM Guidelines state imaging studies are recommended when red flags exist for fracture, or neurologic dysfunction associated with acute trauma, tumor, or infection are present. There should be a failure of conservative treatment for 4 to 6 weeks. There is an absence of red flags. The included documentation noted decreased range of motion and tenderness over the trapezius musculature bilaterally and paracervical muscles. However, there was a lack of information on a 4 to 6 weeks failure to respond to conservative treatment. As such, the request is non-certified.

X-rays of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12 (Low Back Complaints) (2007), pg 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for X-rays of the lumbar spine is non-certified. The California MTUS/ACOEM Guidelines state lumbar spine x-rays should not be recommended in injured workers with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. The documentation noted palpable tenderness over the lumbar paravertebral muscles bilaterally and over the right greater than left sacroiliac joint. There was decreased range of motion and decreased sensation over the left L3, L4, and L5 dermatome distribution. There was lack of evidence of a 4 to 6 week period of conservative

treatment and the injured worker's response to prior therapies. Additionally, the guidelines do not recommend a lumbar spine x-ray. As such, the request is non-certified.

X-rays of the pelvis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, X-Ray.

Decision rationale: The request for x-ray of the pelvis is non-certified. The Official Disability Guidelines states that plain radiographs (x-rays) of the pelvis should be routinely obtained in injured workers sustaining a severe injury. X-rays are also valuable for identifying injured workers with a high risk of development of a hip osteoarthritis. There are studies that highlight the limitations of radiographs in detecting hip and pelvic pathologic findings, including fractures, as well as soft tissue pathologies. The included documentation noted a positive pelvic distraction, pelvic compression test, and a positive Gaenslen's bilaterally. However, there was lack of documentation of the injured worker's response to previous treatments and failure to respond to conservative measures. As such, the request is non-certified.