

Case Number:	CM14-0011562		
Date Assigned:	04/09/2014	Date of Injury:	11/23/2010
Decision Date:	06/30/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/29/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 23rd, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; reportedly negative thoracic MRI of December 23, 2010; lumbar MRI imaging of March 24, 2011, notable for a right L4-L5 disk protrusion; earlier periods of time off of work; and apparent subsequent return to workplace. In a Utilization Review Report of January 6, 2014, the claims administrator apparently denied a request for a follow-up visit and a sacroiliac joint rhizotomy procedure, stating that the applicant did not appear to have sufficient pain level to justify further injection therapy. Non-MTUS-ODG Guidelines were cited to deny the SI joint rhizotomy procedure. A follow-up appointment was likewise denied. No rationale or guidelines for the follow-up appointment were seemingly provided. A November 4, 2013 progress note was notable for comments that the applicant reports persistent 6/10 low back pain, heightened with activity. The applicant reportedly had a favorable response to an earlier injection; it was stated, in June 2012. The applicant exhibits normal lower extremity strength, it was stated. The applicant was described as working without restrictions. An SI joint rhizotomy procedure was seemingly sought. In a December 19, 2013 appeal letter, the applicant was again described as having had a good improvement for 12 months following an earlier SI joint rhizotomy procedure. No changes were made to the applicant's medication profile, which was not detailed on this visit. In an earlier note of February 6, 2012, it was specifically stated that the applicant denied any significant medical history. There was no mention of any systemic medical disease process present at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RIGHT SACROILIAC JOINT RHYIZOTOMY: 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 MTUS: SACROILIAC JOINT INJECTIONS, ,

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, sacroiliac joint injections are not recommended in the treatment of chronic nonspecific low back pain, as is present here. Rather, SI injections, per ACOEM, should be reserved for applicants with a proven rheumatologic disease process involving the SI joints, such as HLA positive B27 spondyloarthropathy, for instance, in this case, however, the applicant does not have any systemic rheumatologic disease process implicating the sacroiliac joints, it has been noted. Therefore, the request is not medically necessary.

1 FOLLOW-UP APPOINTMENT: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 1.

Decision rationale: In this case, the follow-up visit in question is with a pain management physician. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant has long-standing chronic pain complaints. Obtaining ongoing care and follow-up appointments with a physician specializing in chronic pain, such as a pain management physician, are indicated and appropriate. Therefore, the request is medically necessary, on Independent Medical Review.