

Case Number:	CM14-0113952		
Date Assigned:	08/01/2014	Date of Injury:	11/01/2007
Decision Date:	09/23/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/22/2014

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 Anesthesia, has a subspecialty in Acupuncture and is licensed to practice in Pain Medicine. 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:

Claimant is 59 year old male with an injury dated 11/1/07, related to the low back pain. Per progress report dated 6/3/14, he complained of bilateral lower back pain rated 6/10. He reported that his pain radiated from the lower back and complained of intermittent muscle twinges in the upper part of both the backs of his legs. Magnetic resonance imaging (MRI) of the lumbar spine dated 2/28/14 revealed 2-3mm posterior disc/osteophyte complexes at L4-L5 and L5-S1. Possible annular tears at both levels. No significant central canal or foraminal stenosis. Treatment to date has included physical therapy, injections, radiofrequency lesioning (no relief) and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management consultation prior to discogram and SI joint diagnostic injections:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management,

recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical necessity of the requested referral has not been sufficiently established by the documentation available for my review. The documentation indicates that the consultation pertains to discogram and SI joint diagnostic injections, which are both not medically necessary. As such, the request for pain management consult is not medically necessary.

Discogram L3-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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, Discography.

Decision rationale: Official Disability Guidelines (ODG) TWC references the following about discography: "Not recommended. In the past, discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. However, the conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal fusion. These studies have suggested that reproduction of the patient's specific back complaints on injection of one or more discs (concordance of symptoms) is of limited diagnostic value." Per progress report dated 6/3/14, the injured worker had a consultation with a spine and neurosurgery specialist and they were talking about potential surgery. However, as the requested procedure is not supported by the guidelines, the request is not medically necessary.

Bilateral SI joint diagnostic injections: 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) Hip & Pelvis, Sacroiliac Joint Injections.

Decision rationale: Per Official Disability Guidelines (ODG) TWC with regard to sacroiliac joint blocks: "Recommended as an option 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, although if pain is present above L5, it is not thought to be from the SI joint. "Criteria for the use of sacroiliac blocks:1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above).2. Diagnostic evaluation must first address any other possible pain

generators.3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management.4. Blocks are performed under fluoroscopy. (Hansen, 2003)5. A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed.6. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period.7. In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least 70% pain relief is obtained for 6 weeks.8. The block is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block.9. In the treatment or therapeutic phase, the interventional procedures should be repeated only as necessary judging by the medical necessity criteria, and these should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year.Per review of the submitted documentation, the clinical findings did not suggest SI joint dysfunction. "Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: 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)." Per progress report dated 6/3/14, SI joints were noted non-tender bilaterally. Only Patrick's Test was noted positive per 5/19/14 report. As the criteria was not met, the request is not medically necessary.