

Case Number:	CM14-0128162		
Date Assigned:	08/15/2014	Date of Injury:	08/19/2011
Decision Date:	09/16/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/12/2014

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, has a subspecialty in Interventional Spine, 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 patient is a 59-year-old male with date of injury of 08/19/2011. The listed diagnoses per [REDACTED] dated 06/27/2014 are: 1. Displacement of the lumbar intervertebral disk without myelopathy. 2. Thoracic or lumbosacral neuritis or radiculitis. 3. Sciatica. 4. Lumbago. According to this report, the patient's lower back has improved. The hip has been about the same since last visit, but much better since diagnostic SI injection. The objective findings show a well-healed posterior lumbar incision. There is a sensitive and palpable knot of muscle spasm in the left lower region. Lower extremity exam reveals a positive straight leg raise onto left with complaints of lateral calf and dorsal lateral foot paresthesias seated at 90 degrees. Deep tendon reflexes are absent in the left ankle and 2+ in the right ankle and knees. There is 2-cm atrophy equidistant from the tibial tubercle on the left calf at 38 cm, 40 cm on the right. Sensation to the left is reduced from heel to tip of the 5th digit. The 4 other digits have full sensation to the MTP joints. There is mild weakness in the extensor hallucis testing graded 4+/5. The utilization review denied the request on 08/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection pain medication lower back area (Inc. Lumb-Sac) X 3 over time: 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 Recent research: SI Official Disability Guidelines (ODG) SI Joint Syndrome , AHRQ Comparative Effectiveness Report, Pain Management Interventions for Hip Fracture.

Decision rationale: This patient presents with lower back pain. The treater is requesting 3 injections of pain medication in the lower back area including the lumbosacral. Per treater's report, the request appears to be for SI joint injection as the treater indicates that the patient responded well to SI joint diagnostic injection. The MTUS and ACOEM Guidelines do not address sacroiliac joint injections. However, ODG Guidelines recommend SI joint injections as an option if the patient has 3 positive exam findings for SI joint syndrome; and diagnostic evaluation have addressed other possible pain generators; at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercises, and medication management. ODG further states for repeat blocks, previous injection should provide at least greater than 70% pain relief for 6 weeks and maximum of 4 injections are recommended per year. The operative report dated 04/16/2014 notes that the patient underwent a left sacroiliac joint injection. The 06/27/2014 report notes that the patient's recent sacroiliac joint block helped dramatically for about 4 to 5 weeks, and the patient felt considerably better, symptoms have started to recur, and they have not been as bad as they were before the injection. In this case, while the treater notes that the patient back has improved it is not quantified. Furthermore, the duration of relief was for only 4 week, shy of the typically required 6 weeks of relief. Finally, the request is for series of 3 injections which is not supported by the guidelines. Therefore, request is not medically necessary.