

Case Number:	CM14-0136835		
Date Assigned:	09/23/2014	Date of Injury:	09/07/2009
Decision Date:	10/29/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/25/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 41-year-old female who reported an injury on 09/07/2009 due to a pizza falling on her nose and her head being hit by the case. The injured worker complained of lower back pain. The injured worker had diagnoses of sacroiliac pain, lumbar spondylosis, trochanteric bursitis, migraine headaches, cervical spondylosis, myofascial pain syndrome, and thoracic spondylosis. The medications included a Flector patch, Lidoderm, Percocet, and MS Contin. The injured worker rated her pain an 8/10 using the VAS. Treatments included lumbar spinal injection, and medication. The physical examination dated 05/22/2014 to the lumbar spine revealed tenderness to palpation over the paraspinal musculature, lumbar facet tenderness to palpation of the L4-5 and the L5-S1 facet joints bilaterally. Exacerbation of pain with extension/rotation of the spine, and decrease with L1 flexed forward. Gait was mildly antalgic. The diagnostic was an MRI of the lumbar spine dated 10/28/2011 that revealed discogenic degenerative changes most "promptly" seen at the L1-2 levels with milder changes at the L3-4, minimal effacement of the thecal sac. The treatment plan included bilateral sacroiliac joint injection. The Request for Authorization dated 09/04/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroiliac Joint Injection: 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 and Pelvis, Sacroiliac Joint 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 & Pelvis, Sacroiliac joint blocks.

Decision rationale: The request for bilateral sacroiliac joint injection is not medically necessary. The California MTUS/ACOEM Guidelines state that invasive techniques such as local injections and facet joint injections of cortisone or lidocaine are of questionable merit. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines state the following criteria for the use of diagnostic blocks: limited to injured workers with lower back pain that is nonradicular and at no more than 2 levels bilaterally, there is documentation of failed conservative treatment prior to the procedure for at least 4 to 6 weeks, and the use of IV sedation may be grounds to negate the results of a diagnostic block and should only be given in cases of extreme anxiety. The documentation was not evidence of failed conservative care. The guidelines indicate that joint injections are of questionable merit. As such, the request is not medically necessary.

IV Sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/19627874

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested primary service is not supported by the documentation, the requested associated service is also not supported.