

Case Number:	CM14-0166460		
Date Assigned:	10/13/2014	Date of Injury:	11/29/2008
Decision Date:	11/17/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/09/2014

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 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 and chronic pain syndrome reportedly associated with an industrial injury of November 29, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar laminectomy surgery; subsequent lumbar fusion surgery; long and short acting opioids; and extensive periods of time off of work. In a Utilization Review Report dated October 8, 2014, the claims administrator denied a request for sacroiliac joint injection, a followup visit with the pain management specialist after the injection, fluoroscopic guidance, and an office visit with a pain management specialist as a secondary treating physician. The applicant's attorney subsequently appealed. In a September 13, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the bilateral buttocks, 6/10. The applicant's pain was reportedly aggravated by sitting, standing, lifting, and driving. The applicant's medications included fentanyl, Cymbalta, lovastatin, and Norco. The applicant was described as "disabled." The applicant was still smoking, it was noted. Tenderness is noted about the SI joints with 5/5 lower extremity strength noted. SI joint injection therapy was sought. It was stated that the applicant should obtain further care from a pain management physician as a secondary treating provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office visit with a pain management specialist as a secondary treater: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page 127, ODG Treatment Integrated Treatment/Disability Duration Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: 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 is off of work, despite having failed various operative and non-operative interventions. Obtaining the added expertise of a physician specializing in chronic pain, such as a pain management specialist, is therefore indicated. Accordingly, the request is medically necessary.

Follow-up with a pain management specialist two weeks after the injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page 127, ODG Treatment Integrated Treatment/Disability Duration Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Bilateral sacroiliac joint injection x2: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Low Back Chapter, however, sacroiliac joint injections are not recommended in the treatment of chronic nonspecific low back pain versus radicular low back pain reportedly present here. Rather, SI joint injections, per ACOEM, should be reserved for applicants with rheumatologically proven inflammatory arthropathy involving the sacroiliac joints. In this case, however, there was no evidence that the applicant carries a diagnosis of rheumatologically proven inflammatory arthropathy implicating the SI joints, such as, for instance, an HLA B27 positive sacroiliac spondyloarthropathy. Therefore, the request is not medically necessary.

Fluoroscopic-guided injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/Disability Duration Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.