

Case Number:	CM14-0042530		
Date Assigned:	06/30/2014	Date of Injury:	01/17/2007
Decision Date:	07/30/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/09/2014

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 Orthopedic and is licensed to practice in New York. 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:

This patient is a 58 year old male with doi of 1/17/2007. He has chronic low back pain. He has had medications, trigger injections, and neurotomy procedures. He continues to have LBP. Injections reduced pain for 4 days. He takes norco for pain. PE shows decreased lumbar rom. Normal gait. Normal sensory and reflexes. Motor 5 minus over 5. Back tender to palpation. At issue is whether multiple RFA is needed? Is repeat SI injection needed?

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 bilateral 3 level lumbar radiofrequency lesioning at L2-3, L4-5, and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (acute and chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1. Decision based on Non-MTUS Citation ODG Low back pain.

Decision rationale: This patient does not meet established criteria for repeat RFA. Guidelines indicate that there should be 6 months between procedures and the prior injections should have resulted in at least 50% reduction of pain and improved function. Also, not more than 2 levels should be done at one time. The request in this case is for 3 levels. Guidelines not met.

1 bilateral sacroiliac trigger point injections 5cc Marcaine, 1mg Celestone: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back Pain Chapter.

Decision rationale: The medical records do not document physical exam findings of a trigger point. Guidelines for repeat trigger point not met. Also, there is no documentation of at least 50% functional and pain improvement with the previous injection. Also, SI pathology is not demonstrated on any imaging study. Given the above the request is not medically necessary.