

Case Number:	CM14-0052527		
Date Assigned:	07/07/2014	Date of Injury:	10/01/2013
Decision Date:	08/28/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/21/2014

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 Pain Medicine 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:

This is a patient with a date of injury of 10/1/13. A utilization review determination dated 4/8/14 recommends non-certification of MRI of the brain, bilateral SI joint injections, and an infection panel. 3/21/14 medical report identifies that the patient had a transforaminal epidural steroid injection bilateral L5 and S1 on 3/19/14 and has had severely increased pain since the injection. She has a headache that goes away completely if she lies down. She fell the morning of the office visit due to numbness in the quadriceps and pain in the bilateral lower extremities that started immediately after the injection. She has had a temperature of 100.6 degrees the last couple of days. She specifically states that she does not want a blood patch. She has felt diaphoretic and is noting chills and sweats, but has not had any nausea or vomiting. She has low back pain 8-9/10 with radiation of pain, numbness, tingling, and weakness in the bilateral lower extremities to the toes. On exam, temperature is 98.6 degrees; range of motion is decreased from pain, decreased sensation S1 dermatome on the right, tibialis anterior and extensor hallucis longus 5-/5 on the right and 4+/5 on the left. The quadriceps, hamstrings, inversion, and eversion are 4+/5 on the right and the patient had a positive FABER test bilaterally. The treatment plan included an MRI to rule out intracranial bleeding and infection since the injection, an infection panel due to the patient's infectious-like symptoms, and bilateral SI joint injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infection Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McPherson & Pincus: Henry's Clinical Diagnosis and Management by Laboratory Methods, Chapter 8 - Interpreting Laboratory Results.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, <http://labtestsonline.org/understanding/analytes/cbc/tab/test>.

Decision rationale: Regarding the request for infection panel, California MTUS and ODG do not address the issue. This is a generic term for a multitude of tests that can be utilized to help diagnose infections. Within the documentation available for review, the patient reported a fever, diaphoresis, chills, and sweats, but her temperature was reported as normal at the time of the office visit. Given the patient's symptoms since the procedure, basic testing to rule out infection may be warranted, but as the request is a generic term and not specific to any single test or a standard group of tests, there is no provision for modification of the current request to the appropriate specific test(s) should the use of any tests of this type be appropriate. In light of the above issues, the currently requested infection panel is not medically necessary.

Bilateral Sacroiliac(SI) joint injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment of Workers' Compensation, Hip & Pelvis Procedure Summary, Criteria for the use of sacroiliac blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip and Pelvis Chapter, Sacroiliac Blocks.

Decision rationale: Regarding the request for sacroiliac joint injections, California MTUS does not address the issue. The ODG recommends sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The criterion includes history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Within the documentation available for review, there is no indication of failure of aggressive conservative therapy targeting the SI joint and at least three positive examination findings suggesting a diagnosis of sacroiliac joint dysfunction. In the absence of such documentation, the currently requested sacroiliac joint injections are not medically necessary.