

Case Number:	CM14-0071869		
Date Assigned:	07/16/2014	Date of Injury:	10/06/2012
Decision Date:	09/23/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/19/2014

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, 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:

According to the records made available for review, this is a 21-year-old female with a 10/6/12 date of injury. At the time (4/15/14) of request for authorization for right side sacroiliac injection and LSO (Lumbar Sacral Orthosis) brace, there is documentation of subjective (pain rated 8/10, pain going down the right hip to the right leg, numbness in the feet) and objective (severe pain with flexion/extension/rotation of lower back, right Fortin finger test, positive compression exam, allodynia in the bilateral lower extremities, swelling in the lower aspects of both legs with discoloration) findings, current diagnoses (lumbago, sacroilitis, and complex regional pain syndrome), and treatment to date (medications, physical therapy, and SI joint injection). 3/13/14 medical report identifies that the patient is waiting till spring break to schedule her SI injection, and that patient is a bit hesitant for her injection due her last reaction with the last injection aggravated her pain more. Regarding the requested right side sacroiliac injection, there is no documentation of at least >70% pain relief for 6 weeks with previous sacroiliac joint injection. Regarding the requested LSO (Lumbar Sacral Orthosis) brace, there is no documentation of compression fractures, spondylolisthesis, or documented instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right side Sacroiliac 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 (ODG) Hip and Pelvis Chapter, 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 Chapter, SI Joint Injection, American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition, (2004) Hip & Pelvis, page(s) 309.

Decision rationale: MTUS reference to ACOEM Guidelines identifies that invasive techniques are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. ODG identifies documentation of at least >70% pain relief obtained for 6 weeks, that 2 months or longer have elapsed between each injection, and that the injection is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block, as criteria necessary to support the medical necessity of repeat SI joint injection. Within the medical information available for review, there is documentation diagnoses of lumbago, sacroilitis, and complex regional pain syndrome. However, given 3/13/14 medical report documentation that the patient is waiting till spring break to schedule her SI injection, and that patient is a bit hesitant for her injection due her last reaction with the last injection aggravated her pain more, there is no documentation of at least >70% pain relief for 6 weeks with previous sacroiliac joint injection. Therefore, based on guidelines and a review of the evidence, the request for right side sacroiliac injection is not medically necessary.

LSO (Lumbar Sacral Orthosis) Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - Back Brace, post operative (fusion).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Support; and Back Brace.

Decision rationale: MTUS reference to ACOEM identifies that lumbar support have not been shown to have any lasting benefit beyond acute phase of symptom relief. ODG identifies documentation of compression fractures, spondylolisthesis, or documented instability, as criteria necessary to support the medical necessity of lumbar support. Within the medical information available for review, there is documentation diagnoses of lumbago, sacroilitis, and complex regional pain syndrome. However, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Therefore, based on guidelines and a review of the evidence, the request for LSO (Lumbar Sacral Orthosis) brace is not medically necessary.

