

Case Number:	CM14-0079523		
Date Assigned:	07/18/2014	Date of Injury:	12/20/1981
Decision Date:	09/15/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/30/2014

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 and is licensed to practice in Texas. 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 64 year old male who is reported to have sustained work related injuries on 12/20/81. The mechanism of injury is undisclosed. The injured worker is noted to have retired from the Fire Department. Per the submitted clinical note dated 12/04/13, he is noted to have low back pain in the mornings and some neck soreness. His medications include Norco, Soma, and Prilosec. No detailed physical examination is provided. The record contains a clinical note dated 01/08/14 which reports that the injured worker sustained an exacerbation of his low back pain on 01/02/14. He is noted to have pain on the left side of his low back, somewhat forward flexed. An examination of his gait is normal, toe and heel walking are within normal limits, range of motion is decreased, especially in extension and lateral bending, and straight leg raise is negative. Radiographs of the lumbar spine show a slight degenerative spondylolisthesis at L4 to L5. Records indicate that the injured worker underwent a left sacroiliac joint injection on 05/02/14. Postprocedurally, it is reported to have helped for approximately a week. The record includes a utilization review determination dated 05/19/14 which noncertified a request for a sacroiliac joint (SI) joint injection on 05/02/14 and Omeprazole 20 milligrams quantity 80.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for S.I. injection (DOS 5/2/14): 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 & Pelvis (updated 3/26/14), 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 and Pelvis, Sacroiliac Joint Injections.

Decision rationale: The submitted clinical records indicate that the injured worker has a history of low back pain. None of the data contained in the clinical records provided any indication of sacroiliac joint dysfunction. There are no documented findings on physical examination or imaging studies which indicate degenerative changes involving the sacroiliac (SI) joint. The injured worker clearly did not meet criteria for the performance of this procedure. The retrospective request for an SI joint injection, date of service of 05/02/14 is not supported as medically necessary.

Retrospective request for Omeprazole 20mg #80 (dispensed on 05/02/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The request for Omeprazole 20 milligrams quantity eighty is not supported as medically necessary. The submitted clinical records do not contain any data which indicates that the injured worker suffers from medication induced gastritis for which this medication would be indicated. In the absence of clear information establishing the presence of gastroesophageal reflux disease (GERD) or gastritis, the clinical indications are not supported.