



Case Number:	CM14-0084212		
Date Assigned:	07/21/2014	Date of Injury:	07/09/2013
Decision Date:	08/28/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/05/2014

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, 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:

Patient is a 42 year-old male with date of injury 07/09/2013. The medical documents reviewed include a primary treating physician's progress report; dated 01/07/2014, list of subjective complaints of right low back pain and right buttock pain. Examination of the lumbosacral spine revealed tenderness upon palpation of the right sacroiliac sulcus. Bilateral lower extremity range of motion was restricted by pain in all directions. Nerve root tension signs were negative bilaterally. The patient had positive sacroiliac joint maneuvers, including right Gaensien's and Patrick's. Diagnoses include right sacroiliac joint pain, right sacroiliitis, right lumbar facet joint pain, right lumbar facet joint arthropathy, right lumbar sprain/strain. It is noted that the patient has already failed physical therapy, NSAIDS, and conservative treatments. The patient had a diagnostic right sacroiliac joint injection on 01/02/2014, which provided 90% relief after 30 minutes and lasting over 2 hours with increased range of motion and mobility for two days. The medical records provided for review indicate that the patient has been taking Norco 10/325mg for at least 6 months. A follow up report dated 06/03/2014 was provided by the requesting physician in response to the utilization review physician's request for additional documentation. A focused musculoskeletal/spine examination revealed tenderness upon palpation of the bilateral sacroiliac joint sulcus. Bilateral lower extremity ranges of motion were restricted by pain in all directions. Lumbar ranges of motion were restricted by pain in all directions. Lumbar discogenic provocative maneuvers were negative bilaterally. Nerve root tension signs were negative bilaterally. Gaenslen's, Patrick's maneuver, SI compression, Yeoman's and pressure at the sacral sulcus were positive bilaterally. Muscle strength reflexes are one and symmetric bilaterally and all wounds. Clonus signs are absent bilaterally. Muscle strength is 5 over 5 in all limbs. The remainder of the visit is unchanged from the previous visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided diagnostic left sacroiliac joint injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers' Compensation (TWC), http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

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 (Acute & Chronic), Sacroiliac joint blocks.

Decision rationale: Follow up documentation has been provided which meets the criteria in the ODG allowing authorization of a diagnostic left sacroiliac joint injection. Therefore this request is medically necessary.

Fluoroscopically guided right sacroiliac joint radiofrequency nerve ablation: 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), Treatment in Workers' Compensation (TWC), http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

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 (Acute & Chronic), Sacroiliac joint radiofrequency neurotomy.

Decision rationale: The ODG does not recommend sacroiliac joint radiofrequency neurotomy and states that the use of all techniques has been questioned, in part, due to the fact that the intervention of the SI joint remains unclear and that there is still controversy over the correct technique for radiofrequency denervation. Therefore this request is not medically necessary.

Lumbar LSO (lumbar sacral orthosis) back brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Therefore this request is not medically necessary.

Norco 10/325mg tab #120: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The MTUS states that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The requesting physician states that Norco has provided 40% decrease in the patient's pain and 40% improvement in the patient's activities of daily living such as self-care and dressing. This does meet the criteria for functional improvement. Therefore this request is medically necessary.