MAXIMUS Federal Services

Case Number:	CM14-0088975		
Date Assigned:	07/25/2014	Date of Injury:	05/19/2004
Decision Date:	09/29/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/12/2014

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 Nevada. 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 records, presented for review, indicate that this 68 year old female was reportedly injured on May 19, 2004. The mechanism of injury is undisclosed. The most recent progress note dated April 17, 2014 indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a normotensive, 124 pound female noted to be in no acute distress, large surgical scars were noted in the lumbar region, tenderness to palpation in the lower lumbar region, over the piriformis, and over the sacroiliac joint. Diagnostic imaging studies were referenced but the findings were not reported. Previous treatment included cold laser treatments, physical therapy, Tai Chi, and other conservative measures. A request was made for multiple injections and was non-certified in the preauthorization process on May 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral piriformis injection QTY: 1: 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 & Pelvis Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: California Treatment Guidelines do not support sacroiliac (SI) joint injections for acute, subacute, or chronic low back pain. The only clinical indication for an SI joint injection is for therapeutic treatment for specific inflammatory disorders such as rheumatoid arthritis. Furthermore, the physical examination noted multiple pain generators and the records indicated that an injection therapy into a separate pain generator was noted. Therefore, based on the clinical information presented for review, and when noting that the guidelines do not support SI joint injection for the diagnosis noted, this request is deemed not medically necessary.

Bilateral Trochanteric Bursa Injection QTY: 2: 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 & Pelvis Chapter.

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, updated March 2014.

Decision rationale: As outlined in the Official Disability Guidelines (ODG), these types of injections can be supported under certain clinical situations. However, the physical examination specific reports there were no tenderness to palpation over the bursa. There was no cyanosis or edema. As such, there is no clinical indication that it would respond to such injections. Therefore, the medical necessity has not been established.

Bilateral Sacroiliac Injection QTY: 1: 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 Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Sacroiliac joint injections are not recommended for treatment of acute low back pain including low back pain thought to be sacroiliac joint related; subacute or chronic nonspecific low back pain, including pain attributed to the sacroiliac joints but without evidence of inflammatory sacroiliitis (rheumatological disease). Therefore, this request is not medically necessary.