

Case Number:	CM14-0188612		
Date Assigned:	11/19/2014	Date of Injury:	07/01/2012
Decision Date:	01/07/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/12/2014

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 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:

This female was injured while being employed on 07/01/2012. On doctors' first report of occupational injury or illness dated 06/30/14 exam she complains of neck pain, mid back pain, low back pain, right shoulder pain, bilateral knee pain, right wrist pain, right foot pain and headaches. She was noted to have decreased range of motion of cervical, thoracic and lumbar spine area with noted paraspinal musculature tenderness on palpation. Tenderness was also noted at right shoulder at anterior capsule, subacromial region and periscapular musculature. Right wrist, bilaterally knees and right ankle/foot tenderness was noted. Her diagnoses were lumbar, cervical and thoracic musculoligamentous sprain/strains, right shoulder sprain/strain with impingement syndrome, right wrist sprain, bilateral knee sprain, right foot sprain and headaches. Per documentation she previously completed physical therapy and one session of acupuncture. Treatment plan prescribed by physicians noted throughout submitted medical record included medication, non-medication pain management, acupuncture and diagnostic studies. There were no diagnostic studies results present in medical chart for this review. She was noted to be temporary total disabled. The documentation stated that an MRI scan of the lumbar spine was certified on 10/22/2014. Bilateral sacroiliac joint injections were non-certified along with interferential unit 30 day trial for home use on 10/22/2014. The reviewing physician referred to CA MTUS and ODG guidelines recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac 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, Hip and Pelvis

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: The Official Disability Guidelines state that there is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block. Some ODG criteria for the use of sacroiliac blocks include: 1. The history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings, 2. Diagnostic evaluation must first address any other possible pain generators, and 3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. The available documentation fails to meet the criteria needed to recommend an SI joint block. The request is not medically necessary.

Interferential unit x 30 days trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

Decision rationale: According to the MTUS an interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. A TENS unit without interferential current stimulation is the recommended treatment by the MTUS. Interferential unit x 30 days trial is not medically necessary.