

Case Number:	CM14-0195985		
Date Assigned:	12/03/2014	Date of Injury:	03/17/2011
Decision Date:	01/22/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/24/2014

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:

The applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 17, 2011. In a Utilization Review Report dated October 23, 2014, the claims administrator failed to approve request for a third right sacroiliac joint rhizotomy procedure and also failed to approve a request for a hot and cold unit for 30 days. The claims administrator stated that its decisions were based on an RFA form and associated progress notes dated October 7, 2014. The applicant's attorney subsequently appealed. In a May 29, 2014 progress note, handwritten, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back pain with radiation of pain to the right buttock and right S1 joint. The note was very difficult to follow, not entirely legible, but did suggest that the applicant was working with restrictions in place. A pain management consultation and SI joint injection therapy were sought on this occasion while naproxen and Norco were refilled. On September 17, 2014, the applicant reported ongoing complaints of low back pain status post a prior SI joint injection. 5/5 lower extremity strength was noted. The applicant was giving a seemingly unchanged 10-pound lifting limitation. On September 2, 2014, the applicant's pain management physician seemingly suggested that the applicant undergo a repeat sacroiliac joint injection and/or sacroiliac joint rhizotomy procedure. .

IMR ISSUES, DECISIONS AND RATIONALES

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

Third right sacroiliac joint rhizotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Integrated Treatment/Disability Duration Guidelines: Hip & Pelvis (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Low Back Chapter, Sacroiliac Joint Injections section

Decision rationale: The MTUS does not specifically address the topic of sacroiliac joint injections. However, the Third Edition ACOEM Guidelines Low Back Chapter notes that sacroiliac joint injections are not recommended in the context of the chronic nonspecific low back pain reportedly present here. Rather, SI joint injections, per ACOEM, should be reserved for applicants who have some rheumatologically-proven spondyloarthropathy implicating the sacroiliac joints. In this case, there is no evidence that the applicant carries any diagnosis of HLA positive B27 spondyloarthropathy or rheumatoid arthritis implicating the SI joints, for instance, which would compel the SI joint injection at issue. It is further noted that the applicant has already had multiple prior SI joint injection/SI joint rhizotomy procedures, despite the unfavorable ACOEM position on the same. The applicant has, furthermore, failed to demonstrate any lasting benefit or functional improvement through the multiple prior SI joint blocks. Work restrictions, including a 10-pound lifting limitation, remained in place. The applicant remains dependent on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792. 20f, despite prior sacroiliac joint injection therapy/sacroiliac joint rhizotomy therapy. Therefore, the request is not medically necessary.

Hot/cold unit for thirty days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 155, 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Cryotherapy section

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299 does acknowledge that at-home local applications of heat and cold are recommended as methods of symptom control for low back pain complaints, as are present here, by implication, ACOEM does not support high-tech devices for delivering cryotherapy, as was/is seemingly being sought here. The Third Edition ACOEM Guidelines take a more explicit position against high-tech devices employed to deliver cryotherapy, noting that such devices are "not recommended" for the treatment of low back pain, as was/is present here. Therefore, the request is not medically necessary.