MAXIMUS Federal Services

Case Number:	CM14-0207613		
Date Assigned:	12/19/2014	Date of Injury:	02/17/2000
Decision Date:	02/12/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/11/2014

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 64 year old male with an injury date of 02/17/00. The 10/31/14 progress report states that the patient presents with acute extremity pain along with hip and right shoulder pain rated 4-6/10. The 12/04/14 report states the patient presents with right knee discomfort. He is retired. Examination reveals decreased sensation to pinwheel right S1 and left L2/3/4. Max compression and foraminal compression tests are positive for pain in the cervical spine. Shoulder depression test is positive for pain left and right. There is tenderness to palpation over the right trapezius and at L4-5 and L5-S1 along with depressed mood. The patient's diagnoses include: 1. Endocarditis in diseases classified elsewhere 2. Implantation of other musculoskeletal devices 3. Other chest pain 4. Tear medial meniscus (12/04/14 report) 5. Chondromalacia right knee (12/04/14 report) 6. Strain/rule out partial tear anterior cruciate ligament (12/04/14 report) 7. Pain in joint, pelvic region and thigh (05/22/14 report) 8. Contusion of hip (05/22/14 report) 9. Spinal cord compression (04/09/14 report) 10. Sacroiliac instability (04/09/14 report) 11. Neuralgia, Neuritis and Radiculitis (04/09/14 report). The patient's medical history reports pain onset in the right upper quadrant following 2004 fusion. On 02/08/14, the right hip gave out causing a fall on the right scapulae and right knee. Relief was obtained with SI joint injections February through July 2010. The patient is status post Discectomy L5/S1 2000, broken hardware; Implant July 2002, Surgery at L5-S1 January 2004, and status post dorsal fusion and Cholecystectomy 2006. Medications are listed as: Percocet (taper), Ambien, Soma, Xanax, and Norco. The utilization review dated 11/26/14 denied the request for the follow up visit for SI joint injections as a recent injection showed no relief. Reports were provided for review from 02/01/13 to 12/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Lumbar and Thoracic Chapter, MRIs

Decision rationale: The patient presents with acute extremity pain along with pain in the hips and right shoulder, and right knee discomfort. The current request is for 1 MRI of the thoracic spine per 10/31/14 report. Official Disability Guidelines (ODG), Low Back Lumbar and Thoracic Chapter, MRIs, states, "Recommended for indications below. MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation)." The reports provided show no evidence of a prior MRI Thoracic for this patient. The 10/31/14 report provides the following impressions: "Chest wall pain: Zoster (therapeutic trial for acyclovir, post herpetic neuralgia) 70% of pain; spinal pain 30%. Request a chest wall MRI (second) for chronic principal pain; Request T-spine MRI (first)." However, there is no recent documentation of thoracic issues, such as any radiation into the thoracic cavity to warrant an MRI. The 10/31/14 report states that concern that hardware may be infected was excluded by MRI with respect to spinal hardware infection. Hardware mentioned in reports refers to L5, S1. There are no current red flags such as myelopathy, or suspicion for tumor/infection/fracture to warrant a thoracic MRI. Therefore, this request is not medically necessary.

1 follow-up visit for SI joint injections (with fusion to follow): 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 (Acute & Chronic)

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, Sacroiliac Joint Blocks

Decision rationale: The patient presents with acute extremity pain along with pain in the hips and right shoulder, and right knee discomfort. The current request is for 1 follow-up visit for SI joint injections (with fusion to follow), per 10/31/14 report. Official Disability Guidelines (ODG), Sacroiliac joint blocks, states, "Recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy as indicated below. Treatment: 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. If helpful, the blocks may be repeated; however, the frequency of these injections should be limited with attention placed on the comprehensive exercise program." The 03/11/14 report states, "He had bilateral SI joint injections. His pain was rated at 7 on a scale of 10 prior to the injections and is now reduced to 2 on a scale of 10. He has had these injections in the past that have provided him almost a year of pain relief. Prior to the injection, he was having groin pain and bilateral leg pain, which has since resolved about 75% post injection." The 10/31/14 report states, "(1st injection provided 1 year of relief, then 3 weeks for 2nd injection). No relief with recent SI joint injections." The reports do show SI injections in 2010; however, the date of the most recent injections is unclear. No procedure reports are included for review. ODG states that if helpful blocks may be repeated. The reports provided show that the second injection was of limited usefulness and the third injection was not helpful. Therefore, this request is not medically necessary.