

Case Number:	CM14-0209232		
Date Assigned:	12/22/2014	Date of Injury:	05/01/2009
Decision Date:	02/20/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 is a 55 y/o Female who had industrial injury on 4/30/09 related to a repetitive work. She had obtained MRI scans, EMG of the upper extremities, acupuncture, physical therapy, Surgery, injections, multiple trigger point injections, epidural injections, radiofrequency rhizotomies in the lower lumbar spine, radiofrequency thermal coagulation of the right side of the lower back, then on the left side, and medications. Examination on 12/10/14 by an agreed medical evaluation did not report any trigger points with a twitch response or any signs of Sacroiliac joint problems. Examination on 11/7/14 had the injured worker stating good benefit from the radiofrequency procedure but still having pain at the sacroiliac joint with positive exam findings for sacroiliac joint dysfunction, no tenderness or spasms were noted in the back exam. On 12/4/14 a non certification recommendation was made for a request of a left sacroiliac joint injection and trigger point injections. The rationale for the denial request was due to no documentation of trigger points and no documentation of failure of recent conservative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left SI joint injection and trigger point injection: 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 and Pelvis chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Page(s): 300.

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. Guidelines states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Finally, there is no documentation of at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks, as a result of previous trigger point injections. In the absence of such documentation, the requested trigger point injections are not medically necessary. Regarding the request for sacroiliac joint injections, guidelines recommend sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The criteria include: history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Within the documentation available for review, there is no indication showing failure of conservative treatment directed towards the sacroiliac joint for at least 4-6 weeks. In the absence of clarity regarding these issues, the currently requested sacroiliac joint injections are not medically necessary.