

Case Number:	CM15-0004382		
Date Assigned:	01/15/2015	Date of Injury:	07/17/2013
Decision Date:	03/11/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/08/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 26 year old man sustained an industrial injury on 7/17/2013 resulting in low back injuries. The mechanism of injury is not detailed. Evaluations included neurological testing dated 10/20/2014 showing no electrical evidence of lumbar radiculopathy, plexopathy or peripheral neuropathy, MRI of thoracic and lumbar spine dated 7/30/2014 showing scoliosis curvature of the lumbar spine and no compression fractures or marrow edema. Treatment has included oral medication, physical therapy, and chiropractic treatment. Physician notes on PR-2 dated 11/17/2014 show complaints of low back pain and worker request for injection. Recommendations include follow up in six weeks and request for authorization for a pain management consultation for left sacroiliac injection. Tenderness over the left SI joint, a Positive Yeagerons and positive SI stress test was documented. On 12/8/2014, Utilization Review evaluated a prescription for pain management consultation, that was submitted on 1/8/2015. The UR physician noted there is limited evidence of sacroiliac joint pathology on exam to include positive orthopedic testing. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Hip & Pelvis Procedure summary last updated 3/25/14

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Hip and Pelvis

Decision rationale: MTUS Guidelines support speciality referral if a potential procedure or treatment is beyond the scope of a practitioner. The referral for this potential procedure meets these Guideline standards. MTUS Guidelines do not address Sacroiliac (SI) joint injections in adequate detail. ODG Guidelines do address this issue in detail. Per ODG Guideline standards, the referring physician has adequately documented the possibility of SI joint pain to justify a referral for possible SI joint blocks. The Pain Management Consultation is medically necessary.