

Case Number:	CM15-0005571		
Date Assigned:	01/26/2015	Date of Injury:	09/26/2002
Decision Date:	03/13/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/12/2015

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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice

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 injured worker is a 61 year old female, who sustained an industrial injury on 9/26/2002. The diagnoses have included sacroiliitis, thoracic or lumbar radiculitis and osteoarthritis of the knee. Treatment to date has included lumbar surgery, pain medications and transforaminal epidural steroid injections (TFESI). According to the physician's progress report from 12/16/2014, the injured worker underwent a transforaminal epidural steroid injection (TFESI) on 12/8/2014. She stated that there was no benefit to her back pain or her leg pain. She still had pain over the buttocks bilaterally. The injured worker was also complaining of pain in both knees and reported several falls at home. Physical exam revealed limited range of motion at the lumbar spine. Sacroiliac joint was noted to be painful at right and left. Straight leg raise was positive at right and left. Diffuse pain was present to palpation over the low back. Current medications included aciphex, Celebrex, Cymbalta, Lidoderm patches, Lyrica, Norco, Trazadone and Voltaren-XR. Authorization was requested for a bilateral SI injection. On 12/30/2014, Utilization Review non-certified a request for bilateral sacroiliac (SI) injections under sedation, and non-certified a request for preoperative medical clearance and labs, complete blood count (CBC), comprehensive metabolic profile (CMP), prothrombin time (PT), partial thromboplastin time (PTT) and urinalysis noting that it was not clear that at least three criteria for sacral injection were met. The ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral S1 injection under sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Sacroiliac injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Sacroiliac injections

Decision rationale: Treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for an injection in the sacroiliac. The clinical documents lack documentation that the patient has met the current criteria for an injection. Clinical documents state there was no benefit to her back and leg pain with previous injections in the area. According to the clinical documentation provided and current guidelines; a Sacroiliac injection is not indicated as a medical necessity to the patient at this time.

Pre op medical clearance and labs, CBC, CMP, PT, PTT, UA: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sacroiliac injections

Decision rationale: Treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for pre-op clearance and labs prior to an injection in the sacroiliac. The clinical documents lack documentation that the patient has met the current criteria for an injection. Therefore; the pre-op clearance is not indicated at this time. According to the clinical documentation provided and current guidelines; pre-op clearance and labs is not indicated as a medical necessity to the patient at this time.