

Case Number:	CM15-0107219		
Date Assigned:	06/11/2015	Date of Injury:	08/06/2010
Decision Date:	07/13/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/03/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 57 year old man sustained an industrial injury on 8/6/2010 after lifting a 25 pound bag. The worker applied ice and used over the counter anti-inflammatory medication before receiving medical treatment the following day. Evaluations include back x-rays dated 8/7/2010 and an undated lumbar spine MRI. Diagnoses include degenerative disc disease, lumbar radiculitis, lumbar post-laminectomy syndrome, and chronic low back pain secondary to possible sacroiliac joint versus facet arthropathy. Treatment has included oral and topical medications, chiropractic treatment, and physical therapy. Physician notes dated 3/31/2015 show complaints of continued low back pain with radiation to the buttocks and numbness in the foot. Recommendations include sacroiliac joint injection, possible future repeat sacroiliac injection or radiofrequency neurotomy, maintain current medication regimen, routine urine drug screen, and a follow up office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Left Sacroiliac Joint Injection x 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines,

Hip and Pelvis Chapter (Online Version), Sacroiliac joint blocks, Sacroiliac joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG Hip and Pelvis Chapter, Sacroiliac Blocks.

Decision rationale: 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 of at least three positive examination findings suggesting a diagnosis of sacroiliac joint dysfunction and 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.

Re-Evaluation at 90 Days Intervals with Pain Specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (Online Version), Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, and Office visits.

Decision rationale: Regarding the request for a follow-up visits, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible". Within the documentation available for review, it is noted that the patient is currently taking multiple medications that warrant routine reevaluation for efficacy and continued need. While a few office visits are appropriate, as with any form of medical treatment, there is a need for routine reevaluation and the need for open-ended office visits, as requested here, cannot be predicted with a high degree of certainty. Unfortunately, there is no provision for modification of the request to allow for an appropriate amount of office visits at this time. In light of the above issues, the currently requested follow-up visits are not medically necessary.

Zung Scale: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Br J Psychiatry. 1978 Apr; 132:381-5. Validity of the Zung Self-rating Depression Scale.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://healthnet.umassmed.edu/mhealth/ZungSelfRatedDepressionScale.pdf>.

Decision rationale: Regarding the request for Zung Scale, California MTUS, ACOEM and ODG do not contain criteria for this request. A search of the Internet reveals that this is a questionnaire for anxiety/depression. Within the documentation available for review, there are no recent subjective complaints of anxiety/depression. Additionally, it appears the patient has recently undergone this test, and there is no statement indicating why a repeat test would be needed. In the absence of clarity regarding those issues, the currently requested Zung Scale is not medically necessary.