

Case Number:	CM15-0134084		
Date Assigned:	07/22/2015	Date of Injury:	05/14/2013
Decision Date:	08/21/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/10/2015

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: New Jersey, New York
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 55 year old male, who sustained an industrial injury on May 14, 2013. He reported pain to the neck, upper back and lower back along with difficulty walking and standing. The injured worker was diagnosed as having T11 compression fracture, C6-7 uncovertebral sprain, left L5 radiculopathy and cervical spine radiculopathy. Treatment to date has included diagnostic studies, injections, medication and lumbosacral spine support. On July 29, 2015, the injured worker complained of pain mainly in the lower back rated as a 6 on a 1-10 pain scale. He reported 20% improvement from the original injury. The treatment plan included follow-up appointments, injection, medication and lumbosacral spine support. On June 29, 2015, Utilization Review non-certified the request for pain management consultation for evaluation and treatment to the lower back and left sacroiliac injection, citing California MTUS Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation for evaluation and treatment to the lower back, quantity: 1:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 92, 289, 296.

Decision rationale: The request is medically necessary. As per the MTUS guidelines, "referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty in obtaining information or agreement to treatment plan". The patient is s/p motor vehicle accident with vertebral fracture with continuing pain. The patient failed to improve with conservative measures. Therefore, the need for a referral to pain management is medically necessary at this time.

Left sacroiliac injection, quantity: 1: 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, Criteria for the use of sacroiliac joint blocks.

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, sacroiliac joint injections.

Decision rationale: The request is not considered medically necessary. The MTUS guidelines do not address the use of sacroiliac joint injections, therefore ODG guidelines were used which states that they are recommended if there was failure of at least 4-6 weeks of aggressive conservative therapy. There has to be 3 positive exam findings for SI joint dysfunction. The recent progress notes do not indicate any objective findings of SI joint dysfunction. Therefore the request is not medically necessary.