

Case Number:	CM15-0136293		
Date Assigned:	07/24/2015	Date of Injury:	05/19/2009
Decision Date:	08/28/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/14/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 43 year old male who sustained an industrial injury on 05/19/2009. Mechanism of injury occurred when he was picking up a wheelbarrow and loaded it into a truck. Diagnoses include low back pain, hip pain, lumbar facet syndrome, mood disorder, lumbar radiculopathy, and pain disorder with both psychological factors and an orthopedic condition. Treatment to date has included diagnostic studies, medications, physical therapy, and pool therapy. His current medications include Flexeril and Oxycodone Hcl. There is an unofficial report of an Electromyography done on 04/08/2014 shows evidence of bilateral L2, L3, or L4 lumbar radiculopathy. A urine drug screen done on 03/24/2015 was consistent. A physician progress note dated 05/19/2015 documents the injured worker complains of low back pain and hip pain. He rates his pain as 4 on a scale of 1 to 10. Pain without his medications is rated a 9 on a scale of 1 to 10. His quality of sleep is poor. His activity level has decreased. His medications are working well. He has no side effects and he shows no evidence of dependency. No medication abuse is suspected. On examination, he has an antalgic gait, an awkward gait and is assisted by a cane. Lumbar range of motion is restricted and painful. There is spasm, tenderness and tight paraspinal muscles. Lumbar facet loading is positive on the right side. He has pain to the left lumbar aspect with right facet loading. There is tenderness noted over the sacroiliac spine. Right hip examination is deferred due to recent surgery. Left hip has restricted range of motion. There is tenderness noted over the groin and trochanter. Faber test is positive. He has tenderness and pain in the right S1 joint and he state he still has an abnormal gait due to the left hip replacement causing leg length discrepancy. This is now causing pain on his right side because he is compensating for the left. Treatment requested is for One (1) evaluation for right foot orthotic/lifter, and One (1) right SI joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) evaluation for right foot orthotic/lifter: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, 372.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: Per ACOEM guidelines: "Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia." The documentation submitted for review indicates that the injured worker has abnormal gait due to left hip replacement causing leg length discrepancy. This now causes pain on his right side because he is compensating for the left. However, per citation above, the injured worker does not have a diagnosis for which orthotic is indicated. The request is not medically necessary.

One (1) right SI joint 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), Sacroiliac Blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip & Pelvis, sacroiliac joint blocks.

Decision rationale: The MTUS is silent on the use of sacroiliac joint injections. Per ODG TWC with regard to sacroiliac joint injections: " Recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy as indicated below." Criteria for the use of sacroiliac blocks: 1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). 2. Diagnostic evaluation must first address any other possible pain generators. 3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. 4. Blocks are performed under fluoroscopy. (Hansen, 2003) 5. A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed. 6. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period. 7. In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks. 8. The block is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block. 9. In the treatment or therapeutic phase, the interventional procedures should be repeated only as necessary judging by the medical necessity criteria, and these should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year. The documentation submitted for review did not contain 3 positive exam findings (Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test);

Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH). Suggesting the diagnosis of SI joint dysfunction. Additionally, the injured worker noted relief from exercising and a pain reduction from 9/10 to 4/10 with the use of medication. Conservative therapy has not been failed. As the criteria were not met, the request is not medically necessary.