

Case Number:	CM15-0181949		
Date Assigned:	09/23/2015	Date of Injury:	07/30/2014
Decision Date:	11/03/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/15/2015

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: Arizona, California
 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 46-year-old female, who sustained an industrial injury on 7-30-14. The injured worker was diagnosed as having chronic pain; pain in wrist; cervical facet joint pain; lumbar facet joint pain; spinal stenosis in cervical region; cervical radiculitis; sacroiliac disorder; sleep disorder; myofascial pain; shoulder strain-left. Treatment to date has included physical therapy; cognitive behavioral therapy; acupuncture; chiropractic therapy; trigger point injection; urine drug screening; medications. Currently, the PR-2 notes dated 7-24-15 indicated the injured worker complains of neck pain, low back pain, left wrist pain. The provider acknowledges denials regarding: diagnostic cervical medial branch nerve blocks x2 and physical therapy. The provider documents "Patient presents with bilateral neck pain that radiates left C2 to 5 distributions to left shoulders. The quality of the pain is aching, shooting, stabbing and constant but variable in intensity. Associated symptoms: left upper extremity weakness - denies numbness and tingling in the upper extremities but aggravated factors are carrying, lifting, standing and walking with alleviating factors: rest." The provider documents low back pain: "past medical history of kidney stones, GERD, anxiety-depression, bronchitis who presents with chief complaint of chronic neck pain, left shoulder pain, left wrist pain and low back pain. She has received three of six physical therapy as it was stopped due to too painful. She also received two sessions of chiropractic therapy which were described as beneficial, 10 acupuncture and approximately 11 sessions of cognitive behavioral therapy for depression and anxiety, one set of trigger point injections." The provider notes she has had a cervical MRI but no surgery consult or epidural steroid injection has been performed. The provider continues his examination

documenting "Patient presents with bilateral low back pain that radiates to both posterior thighs. The quality of pain is sharp, shooting, stabbing and is constant but variable in intensity. She denies lower extremity weakness, numbness or tingling in the lower extremities. Aggravating factors are carrying, lifting and standing with alleviating factors listed as rest. He notes on 7-24-15 he prescribed Cyclobenzaprine, hydrocodone, Lidocaine 5% patches, Naprosyn and Valium. The provider documents "gait is normal. Palpation tenderness notes over the SI joints on both sides and 2+ muscle spasms noted over lower paraspinal, range of motion: lumbar spine flexion is limited to 30 degrees and extension is limited to 10 degrees." His treatment plan includes cognitive behavioral therapy consult, schedule MRI left shoulder, orthopedic consult for left shoulder, physical therapy for neck and left shoulder, bilateral SI joint injection, MRI of the lumbar spine and x-rays of lumbar spine. A PR-2 note dated 3-25-15 discusses prior treatment within the past year has included the injured worker going to the "gym" and participating in a "COPE" program reportedly "very helpful overall." This note also indicates the injured worker was taking "Percocet on a non-industrial basis for chronic pain." A Request for Authorization is dated 9-15-15. A Utilization Review letter is dated 8-31-15 and non-certification was for Bilateral sacroiliac joint injection; MRI of lumbar spine and X-rays of lumbar spine - AP, lateral, flexion, extension. A request for authorization has been received for Bilateral sacroiliac joint injection; MRI of lumbar spine and X-rays of lumbar spine - AP, lateral, flexion, extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac 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) Hip and Pelvis.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Activity. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip chapter and pg 20.

Decision rationale: According to the ACOEM guidelines, injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. According to the ODG guidelines, hip injections are recommended for cases with bursitis. The claimant does not have a diagnosis of bursitis. There was only note of paraspineal spasms on exam and non-specific sacroiliac joint disorder. Therefore the request for sacroiliac trigger point injection is not medically necessary.

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. There were no neurological abnormalities on exam and the claimant's exam noted only paraspinal spasms. The request for an MRI of the lumbar spine is not medically necessary.

X-rays of lumbar spine - AP, lateral, flexion, extension: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

Decision rationale: According to the guidelines, x-rays of the spine are recommended for red flag diagnoses, fracture, tumor or infection. It is not recommended for routine evaluation without red flag symptoms. There were no neurological abnormalities on exam and the claimant's exam noted only paraspinal spasms. The request for x-rays of the lumbar spine was not necessary.