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| Case Number: | CM15-0183963 | | |
| Date Assigned: | 09/24/2015 | Date of Injury: | 07/19/2012 |
| Decision Date: | 10/30/2015 | UR Denial Date: | 09/17/2015 |
| Priority: | Standard | Application Received: | 09/18/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 58-year-old male, with a reported date of injury of 07-19-2012. The diagnoses include diffuse lumbar disk bulge, lumbar facet syndrome, probable post-traumatic headaches, probable mild post-traumatic brain injury, bilateral lower extremity hypoesthesia rule out peripheral neuropathy, right carpal tunnel syndrome, post-traumatic anxiety and depression, and probable post-traumatic insomnia. Treatments and evaluation to date have included oral medications, physical therapy, home exercises, and sacroiliac joint injection. The diagnostic studies to date have not been included in the medical records. The progress report dated 08-17-2015 indicates that the injured worker complained of bilateral low back pain with numbness in the bilateral lower extremities, which was rated 8 out of 10 (06-22-2015 to 08-17-2015); headaches, which was rated 7 out of 10; and post-traumatic insomnia. The injured worker stated that he wakes up every hour due to stress. He rated his condition 9 out of 10. The objective findings include slightly positive Romberg to the right; bilateral upper extremity tremor with both hands; decreased cervical range of motion with moderate pain; taught right lower cervical band and tenderness to palpation; decreased lumbar spine range of motion; forward flexion of the lumbar spine aggravated his headaches; tenderness in the bilateral cervical region; tenderness in the cervical spinous process at C2-7; positive foraminal compression on the right; positive bilateral shoulder depression; tenderness of the bilateral lumbar region; positive left straight leg raise; positive bilateral Kemp's test; positive bilateral Yeoman's test; myofascial trigger point of the gluteus on the left and piriformis on the left; right sacroiliac joint trigger point with radiating pain. The treatment plan included a right SI trigger point injection due to worsening

circumscribed trigger point with a jump response on palpation with referred pain and a follow-up appointment in six weeks. The treating physician indicated that after the last injection, the injured worker improved over 50% pain relief which lasted over six weeks. The injured worker is currently retired. The treating physician requested an office visit with an occupational medicine specialist and a right sacroiliac (SI) joint trigger point injection. On 09-17-2015, Utilization Review (UR) non-certified the request for an occupational medicine specialist and a right sacroiliac (SI) joint trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office visit, with occupational medicine specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Office visits.

Decision rationale: Office visit, with occupational medicine specialist is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The ODG states 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 documentation is not clear on the need for an occupational medicine specialist. The documentation does not reveal a significant change in the patient's condition and a trigger point is not medically necessary. Therefore, this request is not medically necessary.

Right sacroiliac (SI) joint trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: Right sacroiliac (SI) joint trigger point injection is not medically necessary per the MTUS Guidelines. The MTUS states that radiculopathy should not be present (by exam, imaging, or neuro-testing). The documentation indicates that the patient has a positive straight leg raise suggestive of radiculopathy therefore a trigger point injection is not medically necessary.

