

Case Number:	CM15-0205345		
Date Assigned:	10/22/2015	Date of Injury:	05/09/2001
Decision Date:	12/03/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/20/2015

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: Massachusetts

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:

The injured worker is a 63 year old female, who sustained an industrial injury on 5-9-01. The injured worker was being treated for lumbar post-laminectomy syndrome, history of anterior lumbar spinal fusion, lumbar bulging disc right with radiculopathy, lumbar spondylolisthesis, lumbago with sciatica of left leg, bilateral lumbar facet arthropathy, bilateral sacral joint arthropathy, myofascial pain syndrome of shoulder, myofascial pain syndrome of low back, left hip bursitis, cervical bulging disc, cervical spinal stenosis, left Pes Anserinus bursitis and bilateral carpal tunnel syndrome. On 10-1-15, the injured worker complains of constant low back pain rated 10 out of 10, constant left leg pain rated 10 out of 10 with numbness and tingling and constant neck-upper shoulder pain rated 8 out of 10. Physical exam performed on 10-1-15 revealed positive Kemp test with low back pain with range of motion, radicular paresthesia down left posterior lateral thigh and lower leg, tenderness on palpation of bilateral L4-5 and L5-S1 facet joint with predominantly axial low back pain with range of motion and trigger points in lumbar spine and bilateral local tenderness medial to the bilateral PSIS and below L5 level. MRI of lumbar spine performed on 8-27-15 revealed diffuse bulge at L3-4 with moderate bilateral neural foraminal stenosis and stable post-surgical changes at L4-5 and L5-S1; cervical MRI performed on 7-13-15 revealed C5-6 disc protrusion of 3mm with spinal stenosis and moderate discogenic disease C5-6 and C6-7 with disc bulge at C6-7; EMG of lower extremities performed on 9-30-15 revealed moderate bilateral L4 sensory radiculopathy and upper EMG performed on 8-5-15 revealed evidence of mild bilateral C6 sensory radiculopathy. Treatment to date has included oral medications including Vicodin, Soma, Neurontin, Xanax, Zolpidem, Paxil and

levothyroxine; nerve block, chiropractic treatment, TENS unit and activity modifications. The treatment plan included trigger joint injections, transforaminal lumbar epidural steroid injection, bilateral L4-5 and L5-S1 lumbar facet joint steroid injection, left hip bursa steroid injection and trigger point injection lower back. On 10-12-15 request for 3 follow up visits and bilateral sacral iliac joint steroid injection was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow Up x 3 visits: 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, 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) Pain (Chronic) Office visits.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2001 when she fell into an open railroad car. She underwent a multilevel lumbar fusion from L4-S1 with subsequent hardware removal. She was seen for an initial evaluation by the requesting provider on 10/05/15. She had constant pain rated at 10/10. She was having left lower extremity radicular symptoms including numbness and tingling. Physical examination findings included positive sacroiliac joint testing bilaterally. There were trigger points and bilateral PSIS tenderness was present. There was lumbar facet tenderness and pain with facet loading. Kemp's test and left straight leg raising were positive. There was left trochanteric tenderness. There was an antalgic gait with decreased lower extremity sensation. Authorization was requested for a left L4/5 transforaminal epidural injection, bilateral lumbar facet injections, bilateral sacroiliac joint injections, a left trochanteric bursa injection, and trigger point injections. There was consideration of a spinal cord stimulator trial or possible sacroiliac fusion. Prior treatments included physical therapy, chiropractic care, heat, TENS, traction, and multiple steroid injection for the back including a left S1 selective nerve root block. Office visits are recommended as determined to be medically necessary. 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. In this case, a single follow-up visit would be considered appropriate. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. This prospective request for three office visits is not medically necessary.

Bilateral sacral iliac joint steroid 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, Hip and Pelvis, Sacroiliac injections, diagnostic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Hip & Pelvis (Acute & Chronic), Sacroiliac injections, diagnostic (2) Hip & Pelvis (Acute & Chronic), Sacroiliac fusion.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2001 when she fell into an open railroad car. She underwent a multilevel lumbar fusion from L4-S1 with subsequent hardware removal. She was seen for an initial evaluation by the requesting provider on 10/05/15. She had constant pain rated at 10/10. She was having left lower extremity radicular symptoms including numbness and tingling. Physical examination findings included positive sacroiliac joint testing bilaterally. There were trigger points and bilateral PSIS tenderness was present. There was lumbar facet tenderness and pain with facet loading. Kemp's test and left straight leg raising were positive. There was left trochanteric tenderness. There was an antalgic gait with decreased lower extremity sensation. Authorization was requested for a left L4/5 transforaminal epidural injection, bilateral lumbar facet injections, bilateral sacroiliac joint injections, a left trochanteric bursa injection, and trigger point injections. There was consideration of a spinal cord stimulator trial or possible sacroiliac fusion. Prior treatments included physical therapy, chiropractic care, heat, TENS, traction, and multiple steroid injection for the back including a left S1 selective nerve root block. A sacroiliac joint injection can be considered if the injection is required for one of the generally recommended indications for sacroiliac fusion. In this case, the claimant does not have an indication for sacroiliac joint fusion surgery as prior conservative treatments had included chiropractic care with benefit. Interventional treatments prior to consideration of a sacroiliac joint fusion are being requested. For these reasons, the requested sacroiliac joint injections are not considered medically necessary.