

Case Number:	CM15-0216961		
Date Assigned:	11/06/2015	Date of Injury:	01/07/2013
Decision Date:	12/21/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/04/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 43 year old male, who sustained an industrial injury, January 7, 2013. The injured worker was undergoing treatment for status post lumbar fusion, status post microdiscectomy and radiculopathy. According to progress note of October 14, 2015, the injured worker's chief complaint was ongoing back pain and leg pain. The injured worker reported that the L5-S1 region was involved. The injured worker reported the pain radiated down the outside from the thighs and through the buttocks. The symptoms were unchanged from the first surgery. The injured worker was currently taking Gabapentin, Flexeril and Percocet with no relief whatsoever. The injured worker was taking in the morning and in the evening. Summit pain management, according to this progress note, evaluated the injured worker. The objective note stated unchanged from previous. The plan was spinal cord stimulator. The injured worker previously received the following treatments Percocet, Flexeril and Gabapentin, surgeries and home exercise program. The RFA (request for authorization) dated October 20, 2015, the following treatments were requested a pain management consultation and left SI joint diagnostic injection under C-arm guidance. The UR (utilization review board) denied certification on October 27, 2015; for a pain management consultation and left SI joint diagnostic injection under C-arm guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: 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), Treatment Index, 13th edition (Web) 2015.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Prevention, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management, and Low Back Complaints 2004, Section(s): Follow-up Visits.

Decision rationale: Review indicates utilization report noting previous request for functional restoration program with pain management were authorized; thereby, current consult is not indicated. This patient sustained a low back injury in January 2013 and continues to treat for chronic pain. Symptoms are stable and unchanged without any new trauma and the patient is tolerating conservative treatments without escalation of medication use or clinically red-flag findings on examination. There is no change or report of acute flare. If a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed by consultation in order to identify incorrect or missed diagnoses; however, this is not the case; the patient remains stable with continued chronic pain symptoms on same unchanged medication profile and medical necessity for pain management consultation has not been established. The Pain Management consultation is not medically necessary and appropriate.

Left SI joint Dx. injection under C-arm guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip Chapter, SI Joint, pages 263-264.

Decision rationale: ODG note etiology for SI joint disorder includes degenerative joint disease, joint laxity, and trauma (such as a fall to the buttock). The main cause is SI joint disruption from significant pelvic trauma. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Although SI joint injection is recommended as an option for clearly defined diagnosis with at least 3 positive specific tests for motion palpation and pain provocation for SI joint dysfunction, none have been demonstrated on medical reports submitted. It has also been questioned as to whether SI joint blocks are the diagnostic gold standard as the block is felt to show low sensitivity, and discordance has been noted between two consecutive blocks questioning validity. There is also concern that pain relief from diagnostic blocks may be confounded by infiltration of extra-articular ligaments, adjacent muscles, or sheaths of the nerve roots themselves. Submitted reports have not clearly defined symptom complaints, documented

specific clinical findings or met the guidelines criteria with ADL limitations, failed conservative treatment trials, or functional improvement from treatment previously rendered for this chronic January 2013 injury. The Left SI joint Dx. injection under C-arm guidance is not medically necessary and appropriate.