

Case Number:	CM15-0218492		
Date Assigned:	11/10/2015	Date of Injury:	07/10/1996
Decision Date:	12/31/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/06/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 57-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 10, 1996. In a Utilization Review report dated October 27, 2015, the claims administrator failed to approve requests for piriformis trigger point injections and sacroiliac joint injections. The claims administrator referenced an October 15, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On October 15, 2015, the applicant reported ongoing issues with chronic low back pain status post multiple prior sacroiliac injections. The treating provider noted that the applicant had not worked in over 10-12 years. The applicant also had ongoing issues with lumbar radiculopathy with radiation of pain to bilateral lower extremities, the treating provider noted. The applicant was on Norco, Dendracin, naproxen, Flexeril, Prevacid, and theophylline, the treating provider reported. Limited lumbar range of motion was noted. The claimant exhibited 4-5/5 bilateral lower extremity motor function. The applicant was described as having a disk herniation and associated spinal stenosis at L4-L5. Repeat SI joint injections and piriformis trigger point injections were apparently endorsed. The applicant was described as severely obese, with BMI of 49, the treating provider acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Piriformis trigger point injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: No, the request for piriformis trigger point injections was not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are not recommended in the radicular pain context present here. Here, the applicant was described as having ongoing issues with low back pain radiating into the bilateral lower extremities on the date in question, October 15, 2015. Trigger point injection therapy was not, thus, indicated in the radicular pain context present here, per page 122 of the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Guideline in ACOEM Chapter 12, page 300 further notes that invasive techniques, as a whole, are deemed of questionable merit. Here, thus, the request for piriformis trigger point injections coupled with concomitant requests for sacroiliac joint injections, thus, was at odds with both pages 122 of the MTUS Chronic Pain Medical Treatment Guidelines and with page 300 of the ACOEM Practice Guidelines. Therefore, the request was not medically necessary.

1 right sacroiliac joint injection under IV sedation and fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, page 611.

Decision rationale: Similarly, the request for a sacroiliac joint injection under IV sedation possibly was likewise not medically necessary, medically appropriate, or indicated here. As with the preceding request, the MTUS Guideline in ACOEM Chapter 12, page 300 deems invasive techniques such as the injection in question of "questionable merit." Here, thus, the request for multiple sacroiliac joint injections plus an associated request for piriformis trigger point injections, thus, was at odds with the MTUS Guideline in ACOEM Chapter 12, page 300 and with page 611 of the Third Edition ACOEM Guidelines Low Back Disorders Chapter, the latter of which notes that sacroiliac joint injections are not recommended in the radicular pain context present here but, rather, should be reserved for applicants with some rheumatologically proven spondyloarthropathy implicating the SI joints. Here, however, there was no mention of the applicant's carrying a diagnosis of rheumatologically proven spondyloarthropathy, such as an HLA-B27 spondyloarthropathy, implicating the SI joints. Therefore, the request was not medically necessary.

1 left sacroiliac joint injection under IV sedation and fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, page 611.

Decision rationale: Finally, the request for a left sacroiliac joint injection under IV sedation possibly was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 12, page 300 notes that invasive techniques, as a whole, are deemed of "questionable merit." Here, thus, the concomitant request for sacroiliac joint injections and piriformis trigger point injections, thus, was at odds with the MTUS Guideline in ACOEM Chapter 12, page 300, and with page 611 of the Third Edition ACOEM Guidelines Low Back Disorders Chapter, the latter of which notes that SI joint injections are not recommended in the radicular pain context present here but, rather, should be reserved for applicants with some rheumatologically proven spondyloarthropathy implicating the sacroiliac (SI) joints. Here, however, there was no mention of the applicant's carrying a diagnosis of rheumatologically proven spondyloarthropathy implicating the sacroiliac joints. Therefore, the request was not medically necessary.