

Case Number:	CM15-0030931		
Date Assigned:	02/24/2015	Date of Injury:	04/29/2001
Decision Date:	04/09/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/18/2015

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: 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:

This 62-year-old female sustained an industrial injury on 4/29/01, with subsequent ongoing neck and low back pain. In a progress noted dated 10/16/14, the injured worker complained of a recurrence of left sided low back and buttock pain associated with right foot numbness. The injured worker reported significant benefit from previous sacroiliac joint injection until recently. Physical exam was remarkable for cervical spine for tenderness to palpation over the facet joints bilaterally with paravertebral tenderness and pain with extension of cervical spine, cervical spine myofascial tension bilateral at C5-7, lumbar spine with tenderness to palpation over the sacroiliac joint and paravertebral musculature with numbness of the right third and fourth toes. Current diagnoses included chronic pain syndrome, arthritis of the cervical spine, lumbar spine and lumbar facet and sacroiliitis. The treatment plan included continuing medications Baclofen and Dilaudid, requesting magnetic resonance imaging lumbar spine to identify the cause of right toe numbness and requesting left sacroiliac joint injection for recurrence of pain. On 1/26/15, Utilization Review noncertified a request for MRI Lumbar Spine without Contrast and left sacroiliac joint injection citing ODG, ACOEM and CA MTUS Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine without Contrast: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines chapter Lower back ? Lumbar & Thoracic (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRIs)'.

Decision rationale: The 62-year-old patient complains of pain in neck, left low back, and left buttock along with numbness in the right foot, as per progress report dated 10/16/14. The request is for MRI LUMBAR SPINE WITHOUT CONTRAST. There is no RFA for this case, and the patient's date of injury is 04/29/01. Diagnoses, as per progress report dated 10/16/14, included chronic pain syndrome, cervical arthritis, lumbar facet arthritis, and sacroiliitis. Medications included Baclofen and Dilaudid. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter Lower back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRIs)' does not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit. In this case, the available progress reports do not document a prior MRI of the lumbar spine. The treater is requesting for the imaging to study to "to identify cause of (R) foot and toe numbness." Given the neurological findings in clinical examination documenting numbness in the toes, the request is reasonable and IS medically necessary.

Left SI Joint Injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter under SI joint injections.

Decision rationale: The 62-year-old patient complains of pain in neck, left low back, and left buttock along with numbness in the right foot, as per progress report dated 10/16/14. The request is for LEFT SI JOINT INJECTION. There is no RFA for this case, and the patient's date of injury is 04/29/01. Diagnoses, as per progress report dated 10/16/14, included chronic pain syndrome, cervical arthritis, lumbar facet arthritis, and sacroiliitis. Medications included Baclofen and Dilaudid. ODG guidelines, Low Back Chapter under SI joint injections states: "Treatment: There is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury

and/or disease prior to a first SI joint block." ODG further states that, "the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least 70% pain relief is obtained for 6 weeks." As per progress report dated 10/16/14, the patient received an SI joint injection the previous year "with significant benefit until recently." The treater is requesting for a repeat injection in the same report due to "recurrence of pain." ODG guidelines, however, require a documentation of at least 70% pain relief for 6 weeks for repeat injections. Given the lack of objective discussion regarding reduction of pain, the request IS NOT medically necessary.