

Case Number:	CM15-0032108		
Date Assigned:	02/25/2015	Date of Injury:	04/03/2009
Decision Date:	04/10/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/20/2015

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: 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 is a 62-year-old male, who sustained an industrial injury on 4/3/2009. The diagnoses have included bilateral sacroiliac (SI) joint dysfunction, left greater trochanter bursitis and severe disc degeneration L2-3. Treatment to date has included multiple back surgeries and medication. According to the orthopedic spine surgery consultation dated 1/29/2015, the injured worker complained of mid-back pain rated 7/10 on the visual analog scale (VAS). He complained of low back pain radiating into the buttocks bilaterally with pain the bilateral anterior and posterior thighs. Physical exam revealed palpable tenderness over the mid lumbar spine on the left at L3-4. There was tenderness to palpation over the left greater trochanter. X-rays from 11/6/2014 were noted to show solid fusion L4-5 and L5-S1. The injured worker was given a corticosteroid injection over the left greater trochanter. Authorization was requested for pain management consultation and left sacroiliac (SI) joint block with arthrogram. On 2/17/2015, Utilization Review (UR) non-certified a request for pain management consultation and left sacroiliac (SI) joint block with arthrogram. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Overturned

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 ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The 63-year-old patient presents with mid back pain and low back pain radiating to bilateral buttocks and bilateral anterior and posterior thighs, rated at 7/10, as per progress report dated 01/29/15. The request is for PAIN MANAGEMENT CONSULTATION. The RFA for the case is dated 01/29/15, and the patient's date of injury is 04/03/09. The patient is status post L3-4 and L4-5 laminectomy in 2009 and status post L4-5 and L5-S1 fusion with anterior and posterior instrumentation in December 2011, and subsequent posterior hardware removal from L4-S1, as per progress report dated 01/29/15. Medications include Hydrocodone-acetaminophen, Lisinopril, Lorazepam and Celebrex. Diagnoses included bilateral sacroiliac joint dysfunction, left greater trochanter bursitis, and severe disc degeneration at L2-3. The progress reports do not document the patient's work status. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the patient continues to suffer from mid back and radiating lower back pain in spite of multiple surgical interventions and significant conservative care. The orthopedic surgeon is requesting consultation with a pain management specialist to confirm the source of pain. Given the patient's chronic symptoms, the request is reasonable and IS medically necessary.

Left sacroiliac joint block with arthrogram: 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) <http://www.odg-twc.com/odgtwc/hip.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Hip & Pelvis and topic 'Sacroiliac joint blocks'.

Decision rationale: The 63-year-old patient presents with mid back pain and low back pain radiating to bilateral buttocks and bilateral anterior and posterior thighs, rated at 7/10, as per progress report dated 01/29/15. The request is for LEFT SACROILIAC JOINT BLOCK WITH ARTHROGRAM. The RFA for the case is dated 01/29/15, and the patient's date of injury is 04/03/09. The patient is status post L3-4 and L4-5 laminectomy in 2009 and status post L4-5 and L5-S1 fusion with anterior and posterior instrumentation in December 2011, and subsequent posterior hardware removal from L4-S1, as per progress report dated 01/29/15. Medications

include Hydrocodone-acetaminophen, Lisinopril, Lorazepam and Celebrex. Diagnoses included bilateral sacroiliac joint dysfunction, left greater trochanter bursitis, and severe disc degeneration at L2-3. The progress reports do not document the patient's work status. ODG guidelines, chapter 'Hip & Pelvis and topic 'Sacroiliac joint blocks', states that the procedure is "Recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy as indicated below."

"Diagnosis: Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH). Imaging studies are not helpful. Criteria require documentation of at least 3 positive examination findings as listed above."In this case, the treater states that the patient "had a left sacroiliac joint fusion in March 2014, which failed to improve his symptoms," as per progress report dated 01/29/15. In the same report, the treater is requesting for the block "to confirm that the left sacroiliac joint continues to be his pain generator." Physical examination, as per progress report dated 12/31/14, revealed mild sacroiliac joint tenderness, and the patient has been diagnosed with sacroiliac joint dysfunction, as per progress report dated 01/29/15. However, there is no documentation of at least three positive examination findings, as required by ODG guidelines. Hence, the request IS NOT medically necessary.