

Case Number:	CM15-0041820		
Date Assigned:	03/12/2015	Date of Injury:	07/28/2011
Decision Date:	04/15/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/05/2015

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 41 year old male, who sustained an industrial injury on July 28, 2011. The injured worker reported left shoulder and down left low back. The injured worker was diagnosed as having low back pain, chronic pain syndrome, lumbar sacral radiculitis, depression and sacroiliac sprain. Treatment to date has included physical therapy, acupuncture, epidural steroid injection, Transcutaneous Electrical Nerve Stimulation (TENS) unit and medication. A consultation dated January 26, 2015 the injured worker complains of persistent low back and leg pain rated at 10/10 at times. Physical exam notes a normal gait and tenderness on palpation of the lumbar spine. The plan is for continued medication, alcohol screening and nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAGE Alcohol Screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

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) Introduction.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for low back pain and leg pain. Treatments have included a sacroiliac joint injection. Medications include opioids. In terms of screening, guidelines recommend assessing for evidence of substance abuse in the past or currently including alcohol in the patient with chronic pain. Therefore, alcohol screening was medically necessary.

Medial Branch Nerve Block Sacral: 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, Hip and Pelvis Chapter, Sacroiliac Joint Radiofrequency Neurotomy.

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

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for low back pain and leg pain. Treatments have included a sacroiliac joint injection. Medications include opioids. Physical examination findings include left sacroiliac joint and greater trochanteric bursa tenderness with lumbar paraspinal muscle tenderness. Fabere, Gaenslen, Shear, and compression tests and left lumbar facet and sacroiliac joint loading were positive. A sacroiliac joint block can be recommended as an option after failure of conservative therapy including at least six weeks of a comprehensive exercise program, local icing, mobilization / manipulation and anti-inflammatory medications as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease. In this case, the mechanism of injury is not consistent with injury to the sacroiliac joint and the claimant has not undergone a trial of manipulation / chiropractic care. These criteria are not met and therefore the requested sacroiliac joint block is not medically necessary.