

Case Number:	CM15-0055238		
Date Assigned:	03/30/2015	Date of Injury:	06/20/2005
Decision Date:	05/05/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/23/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 injured worker is a 54 year old male, who sustained an industrial injury on 6/20/05. The diagnoses have included brachial neuritis or radiculitis and displacement of cervical intervertebral disc without myelopathy. Treatment to date has included medications, surgery, cervical collar, external bone stimulator, Home Exercise Program (HEP) and physical therapy. Surgery has included cervical spinal fusion with left tibia bone graft and failed neck syndrome 8/15/14. The current medications included Norco, Fioricet, Soma and Cymbalta which have controlled the pain and assisted in his performing his activities of daily living. Currently, as per the physician progress note dated 2/17/15, the injured worker complains of increased headaches and tension spasms in the neck. The medications are beneficial for performing activities of daily living (ADL's), decreasing the pain and performing Home Exercise Program (HEP). He also complains of trouble sleeping due to pain in the bilateral iliac crest bones. Physical exam revealed trigger point right hip lateral trochanter, trigger point in the cervical region and decreased range of motion. The physician requested treatment included Bilateral Posterior superior Iliac Spine Injection, quantity 2 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Posterior superior Iliac Spine Injection, quantity 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hip and Pelvis chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Injection with anaesthetics and/or steroids.

Decision rationale: The goal of injection administration should be consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work. Injections should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work. In this case the patient had persistent pain from the bone donor site is his iliac crests. Request was for injections of the bilateral posterior iliac spine for pain control. The medication to be injected is not specified. In addition there is no documentation that the patient has failed first-line therapies such as anticonvulsants or antidepressants. The request is not medically necessary.