MAXIMUS Federal Services

Case Number:	CM15-0055752		
Date Assigned:	04/01/2015	Date of Injury:	05/30/2014
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/24/2015

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: Illinois, California, Texas
Certification(s)/Specialty: Orthopedic Surgery

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 42-year-old male who sustained an industrial injury on 5/30/14. Injury occurred when fell and landed on his left hand, with subsequent onset of low back pain. He sustained a fracture to the left metacarpal neck, which was casted for 4 weeks. Past surgical history was positive for a left L4/5 remote microdiscectomy 10 years ago. Conservative treatment for the low back included physical therapy, acupuncture, home exercise, recumbent bike, and anti-inflammatory medications. The 11/5/14 lumbar spine MRI impression documented mild annular bugle of the L5/S1 intervertebral disc with 4 mm right subarticular extrusion with annular fissure extending very slightly cephalad and 4 mm caudal to the intervertebral disc space resulting in mild posterior displacement of the right S1 nerve root. Findings documented left hemilaminotomy at L4/5 with mild annular degrees with small central protrusion, and mild L4/5 annular bulge with small right foraminal protrusion resulting in mild neuroforaminal narrowing. The 2/20/15 treating physician report indicated the patient had right low back/hip clicking and popping. He underwent a right sacroiliac injection 2 weeks ago with no relief yet. Physical exam documented normal gait, mid line lumbar spine and posterior superior iliac spine tenderness, moderate loss of extension, and normal strength, sensation, and reflexes. He had significant crepitance of his right hip/sacroiliac region and positive Faber test. X-rays were taken and show no pars defects, no dynamic instability, and advanced L4/5 and L5/S1 disc height narrowing and osteophytosis. MRI showed a small right L5/S1 disc herniation. The diagnosis included lumbosacral possible right sacroiliac sprain, lumbar degenerative disc disease, and lumbar disc herniation. He had undergone physical therapy, acupuncture, home exercise, sacroiliac injection

and medications. The patient expressed interest in spinal injections. A consult with a physical medicine and rehabilitation specialist was requested to review possible treatment options including injections. The 3/4/15 utilization review non-certified the request for consultation and possible transfer of care for possible facet injections or repeat sacroiliac injections as the results of the recent sacroiliac injection was unknown and there was no objective evidence of neurologic dysfunction or red flag conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and possible transfer of care for possible facet injections or repeat SI injections: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-291.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: The California MTUS guidelines provide specific criteria for surgical referral but not for consultant for non-operative treatment. The ACOEM guidelines support referral to a specialist 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 consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for treatment of a patient. Guideline criteria have been met. This patient has on-going right low back and hip pain despite conservative treatment to date. He underwent a sacroiliac injection two weeks prior without benefit. Follow-up consultation to review results of the injection and look at additional treatment options is reasonable. Therefore, this request is medically necessary.