MAXIMUS Federal Services

Case Number:	CM15-0083224		
Date Assigned:	05/05/2015	Date of Injury:	08/22/2012
Decision Date:	06/03/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/30/2015

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
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 38 year old male, who sustained an industrial injury on 08/22/2012. According to a progress report dated 04/01/2015, the injured worker was seen for low back pain. He stated that he was worse and he continued to have a lot of aching in the buttock areas. He was taking Norco and occasional Baclofen with good relief and was tolerating it well. He had chiropractic care but stopped treatment due to increased pain. Pain level was rated 4 on a scale of 1-10 without medication and 2 with medications. Impression included lumbar discogenic pain syndrome, low back pain, lumbar radiculitis, myalgia, chronic pain syndrome, antalgic gait, sacroiliitis not elsewhere classified and possible left sacroiliac joint dysfunction. Treatment plan included bilateral sacroiliac joint injections, Norco and Baclofen. According to the provider, the injured worker continued to have tenderness in the sacroiliac joint and failed physical therapy and chiropractic care. The provider noted that the injured worker should have Baclofen left over. Currently under review is the request for bilateral sacroiliac joint injections and Baclofen 20mg quantity unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroiliac Joint injections: Upheld

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 Official Disability Guidelines (ODG) SI joint injections.

Decision rationale: The patient is a 38 year old male with an injury on 08/22/2012. He has low back pain. First, it is unclear if the SI joint injections are for steroids or local anesthetics or both. Second, ODG notes recent evidence that there is insufficient evidence to evaluate the validity or utility of SI joint injections. Third, the patient has already been getting good pain relief. Therefore, the request is not medically necessary.

Baclofen 20mg quantity unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 - 66.

Decision rationale: The patient is a 38 year old male with an injury on 08/22/2012. He has low back pain. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. Also, the addition of muscle relaxants to patients already treated with NSAIDS do not improve pain relief. Long-term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary.