

Case Number:	CM15-0083364		
Date Assigned:	05/05/2015	Date of Injury:	05/01/2003
Decision Date:	06/08/2015	UR Denial Date:	04/13/2015
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: California

Certification(s)/Specialty: Family Practice

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 59 year old female, who sustained an industrial injury on 5/01/2003. The medical records submitted for this review did not include the details of the initial injury. Diagnoses include lumbar sprain/strain, lumbar paraspinal muscle spasms/disc herniation, radiculitis, and sacroiliitis. Treatments to date include a right side diagnostic block to S1, S2-3 on 9/10/14 with 50% improvement documented. Currently, she complained of severe pain from the right buttock associated with right lower extremity numbness and tingling. Pain was rated 8/10 VAS. On 10/1/14, the physical examination documented right sacroiliac joint pain and lower extremity pain and loss of range of motion. The provider is requesting bilateral sacroiliac joint injections under fluoroscopy guidance and a percutaneous neurostimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SI joint injection under Fluoroscopy guidance: 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), Sacroiliac blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: This injured worker receives treatment for chronic low back pain. This dates back to a work-related injury on 05/012003. This review addresses a request for SI injections under fluoroscopy. The documentation presented is quite limited. The treating physician described the patient's symptoms as beginning in the buttocks and travelling down the right leg accompanied with numbness and tingling. This is a description of a radicular pattern of symptoms. A fluoroscopic SI injection is not medically necessary for a patient with radicular symptoms.

Percutaneous Neurostimulator: 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 Transcutaneous electrotherapy (neurostimulators) Page(s): 114-121.

Decision rationale: This injured worker receives treatment for chronic low back pain. This dates back to a work-related injury on 05/012003. This review addresses a request for a percutaneous stimulator. The medical diagnoses include low back strain, disc herniation, muscle spasm, and sacroiliitis. The medical documentation is limited and does not specify what exact type of neurostimulator is requested. The documentation provided describes the symptoms of radiculopathy. Neurostimulators may be medically indicated to treat patients with acute neurologic deficits, including stroke, but they are not recommended for treating chronic pain. Therefore the request is not medically necessary.