

Case Number:	CM14-0126995		
Date Assigned:	09/16/2014	Date of Injury:	04/15/2003
Decision Date:	10/24/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 66-year-old male who was reportedly injured on 04/15/2003. The last progress report dated 07/15/2014 indicated that the injured worker complained of spine pain of the neck, mid and low back, weakness in the shoulders, hips, right thumb, right knee, right great toe and right foot. Treatments included muscle relaxers, narcotics, aspirin, physical therapy, massage therapy, back exercises, hot packs, bed rest, trigger point injections and epidural steroid injections. Diagnoses included lumbar spine pain, lumbar spine DDD, lumbar spine radiculopathy, sacroiliac syndrome and lumbar spine HNP/bulge. Past injections were noted to produce relief for 2 weeks. The injured worker was said to have findings consistent with a possible radicular process as well as sacroiliac joint dysfunction and facet mediated pain. A request was made for left SI Joint injections. It was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left SI Joint Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines : Invasive Techniques Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvic Chapter, Sacroiliac joint blocks

Decision rationale: According to ODG, citing an APS review, there is insufficient evidence to evaluate the effectiveness of SI blocks. The diagnosis of SI dysfunction is poorly defined and likely to be confused by other problems in the area. No physical findings were given to support a diagnosis of left SI dysfunction. There should also be evidence of an aggressive conservative treatment program. This was not presented. The requested treatment is therefore not supported by evidence and does not meet criteria in any event; therefore, the request is not medically necessary.

PIR Trigger Point Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines : Invasive techniques Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Piriformis injections are recommended but there is no such diagnosis made, and no rationale for requesting piriformis injections. Therefore, this request is not medically necessary.