

Case Number:	CM14-0140081		
Date Assigned:	09/08/2014	Date of Injury:	03/03/1997
Decision Date:	10/10/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/29/2014

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 Orthopedic Surgeon and is licensed to practice in Texas. 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 53-year-old male who reported an injury on 03/03/1997. The mechanism of injury was not provided. On 07/14/2014 the injured worker presented with pain in the back of neck into the trapezius muscles. The diagnoses were degeneration of the cervical intervertebral discs, spinal stenosis in the cervical region, urinary incontinence, displacement of the lumbar intervertebral discs, sacroilitis, and disorders of the bursae and tendonitis in the shoulder region. Prior surgeries included the anterior cervical discectomy and fusion at the C4-5 level. The injured worker had a previous SI joint injection and had 80% to 90% relief in pain for approximately 2 weeks. Upon examination the injured worker ambulated with use of a cane with decreased stride bilaterally, there was decreased sensation to the bilateral legs in the right L4-S1 and left L5-S1. An MRI of the lumbar and thoracic spine performed on 01/16/2014 revealed the L4-5, 3mm herniated disc with mild indentation of the thecal sac but no central or foraminal stenosis. The provider recommended a pain management consult, left sacroiliac injection, right sacroiliac injection and 1 evaluation. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, page 56

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The request for Pain management consultation is not medically necessary. The California MTUS Guidelines state that if complaint persists the provider needs to reconsider the diagnoses and decide whether a specialist is necessary. There is lack of documentation of a complete and adequate pain assessment of the injured worker. Additionally, the provider's rationale for a pain management consultation was not provided. There is lack of documentation on how a pain management consultation will aid the provider in a treatment or goals for the injured worker. As such, medical necessity has not been established.

Left sacroiliac injection: 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 & Pelvis (Acute & Chronic)

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 Pelvis, Sacroiliac Joint Block.

Decision rationale: The request for Left sacroiliac injection is not medically necessary. The Official Disability Guidelines recommends sacroiliac injections as an option if the injured worker has failed at least 4 to 6 of aggressive conservative therapy. Sacroiliac dysfunction is partly defined in the diagnoses and the diagnosis is often difficult to make due to the presence of other low back pathology. The criteria for use of a sacroiliac injection include history and physical examination should suggest diagnosis, diagnostic evaluation must first address any other possible pain generators, there must have been a failed trial of at least 4 to 6 weeks of aggressive conservative therapy, blocks are performed with the use of fluoroscopy for guidance and a positive diagnostic response is recorded as 80% for the duration of the local anesthetic. For repeat injections, there should be a response positive response from the first injection of at least a greater than 70% pain relief for at least 6 weeks. The injured worker had a previous sacroiliac injection where the response was 80% pain relief for 2 weeks. The documentation of previous measures of conservative treatment the injured worker underwent and the efficacy of those treatments were not provided. As such, medical necessity has not been established.

Right sacroiliac injection: 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 & Pelvis (Acute & Chronic)

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 Pelvis, Sacroiliac Joint Block.

Decision rationale: The request for Right sacroiliac injection is not medically necessary. The Official Disability Guidelines recommends sacroiliac injections as an option if the injured worker has failed at least 4 to 6 of aggressive conservative therapy. Sacroiliac dysfunction is partly defined in the diagnoses and the diagnosis is often difficult to make due to the presence of other low back pathology. The criteria for use of a sacroiliac injection include history and physical examination should suggest diagnosis, diagnostic evaluation must first address any other possible pain generators, there must have been a failed trial of at least 4 to 6 weeks of aggressive conservative therapy, blocks are performed with the use of fluoroscopy for guidance and a positive diagnostic response is recorded as 80% for the duration of the local anesthetic. For repeat injections, there should be a response positive response from the first injection of at least a greater than 70% pain relief for at least 6 weeks. The injured worker had a previous sacroiliac injection where the response was 80% pain relief for 2 weeks. The documentation of previous measures of conservative treatment the injured worker underwent and the efficacy of those treatments were not provided. As such, medical necessity has not been established.

One evaluation: 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 & Pelvis (Acute & Chronic)

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

Decision rationale: The request for One evaluation is not medically necessary. The Official Disability Guidelines recommend office visits for proper diagnoses and return to function of the injured worker. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the injured workers concerns, signs and symptoms and clinical stability. As all the injured workers conditions are extremely varied, a set number of office per condition can be reasonably established. The provider's rationale for an evaluation was not provided. There is lack of documentation on how an evaluation will allow the provider to evolve a new treatment plan or goals for the injured worker. Additionally, the request does not specify what the injured worker is being evaluated for. As such, medical necessity has not been established.