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| Case Number: | CM14-0177800 | | |
| Date Assigned: | 10/31/2014 | Date of Injury: | 11/29/2008 |
| Decision Date: | 12/08/2014 | UR Denial Date: | 10/08/2014 |
| Priority: | Standard | Application Received: | 10/27/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 64-year-old male with date of injury of 11/29/2008. The listed diagnoses for [REDACTED] from 09/15/2014 are bilateral sacroiliac joint pain; L3-S1 fusion; lumbar post laminectomy syndrome; chronic low back pain; and lumbar disc protrusion. According to this report the patient complains of bilateral low back pain radiating to the bilateral buttocks. The patient describes the symptoms achy at a rate of 6/10. The examination of the lumbar spine shows restricted range of motion in all directions. Tenderness upon palpation of the lumbar paraspinal muscles. Muscle strength is 5/5 in all limbs. Sensation is intact to light touch, pinprick, proprioception and vibration. The documents include progress reports from 05/08/2014 to 10/22/2014. The utilization review denied the request on 10/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office visit with a pain management specialist as a secondary provider QTY: 1: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341.

Decision rationale: This patient presents with bilateral low back pain radiating to the bilateral buttocks. The provider is requesting an office visit with a pain management specialist as a secondary provider. The ACOEM Guidelines page 341 supports orthopedic followup evaluations every 3 to 5 days whether in person or telephone. The utilization review denied the request; however, the rationale was not noted. The ACOEM guidelines support office visits and the request is reasonable. Therefore, this request is medically necessary.

Follow-up with a pain management specialist two weeks after the injection QTY: 1:
Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341.

Decision rationale: The provider is requesting a follow up with a pain management specialist two weeks after the injection. The ACOEM Guidelines page 341 supports orthopedic followup evaluations every 3 to 5 days whether in person or telephone. The utilization review denied the request; however, the rationale was not noted. The ACOEM guidelines support follow up visits and the request is reasonable. Therefore, this request is medically necessary.

Bilateral sacroiliac joint injection QTY: 2.00: Overturned

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

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 Chapter on Sacroiliac Joint Injection

Decision rationale: The provider is requesting a bilateral sacroiliac joint injection quantity two. The MTUS and ACOEM Guidelines do not address sacroiliac joint injections; however, Official Disability Guidelines recommends SI joint injections as an option if the patient has 3 positive exam findings for SI joint syndrome; diagnostic evaluation have addressed other possible pain generators; at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercises, and medication management. The 09/15/2014 report notes lumbar discogenic provocative maneuvers, including pelvic rock and sustained hip flexion were positive bilaterally. Gaenslen's, Patrick's maneuver, Yeoman's, pressure at the sacral sulcus were positive bilaterally. The records do not show any previous sacroiliac joint injection. The provider also notes that the patient has failed physical therapy, NSAIDs and conservative treatments. The patient has met the required criteria per Official Disability Guidelines for a bilateral sacroiliac joint injection. Therefore, this request is medically necessary.

Fluoroscopic-guided injection QTY: 1.00: Overturned

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) Hip and Pelvis Chapter on Sacroiliac Joint Injection

Decision rationale: The provider is requesting a fluoroscopic guided injection. The MTUS and ACOEM Guidelines do not address sacroiliac joint injections, however, Official Disability Guidelines recommends SI joint injections as an option if the patient has 3 positive exam findings for SI joint syndrome; diagnostic evaluation have addressed other possible pain generators; at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercises, and medication management. The 09/15/2014 report notes lumbar discogenic provocative maneuvers, including pelvic rock and sustained hip flexion were positive bilaterally. Gaenslen's, Patrick's maneuver, Yeoman's, pressure at the sacral sulcus were positive bilaterally. The records do not show any previous sacroiliac joint injection. The provider also notes that the patient has failed physical therapy, NSAIDs and conservative treatments. The patient has met the required criteria per Official Disability Guidelines for a fluoroscopic guided injection. Therefore, this request is medically necessary.