

Case Number:	CM14-0089346		
Date Assigned:	07/23/2014	Date of Injury:	12/03/2009
Decision Date:	09/26/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/13/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 56 year-old male was reportedly injured on 12/3/2009. The mechanism of injury is noted as a fall. The most recent progress note, dated 5/12/2014, indicates that there are ongoing complaints of low back pain that radiates in the right lower extremity. The physical examination demonstrated lumbar spine: lower extremity reflexes patellar 3+, ankle 2+, positive tenderness to palpation over the SI joint with minimal touch, and tenderness to palpate over the piriformis muscles bilaterally. Decreased sensation in the lateral thigh on the right side, lateral calf, and top of the right foot compared to left. Weakness in the left hamstring compared to the right. The reproduction of SI joint pain with Fabers test with femoral compression, iliac wing compression and with palpation. Patient states SI joints are the source of pain. There is tenderness to palpation over the lumbar facets. Diagnostic imaging studies mentioned an MRI of the lumbar spine which reveals generalized this bulging at several levels with prior laminectomy at L4-5, annular tear at L5 level. Previous treatment includes previous lumbar surgery, injections, medications, and conservative treatment. A request had been made for bilateral SI joint injections, post isometric relaxation (PIR) trigger point injections, and was not certified in the pre-authorization process on 5/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral S1 joint injectin with fluro and IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter.

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

Decision rationale: California Treatment Guidelines do not support SI joint injections for acute, subacute, or chronic low back pain. The only clinical indication for an SI joint injection is for therapeutic treatment for specific inflammatory disorders such as rheumatoid arthritis. When noting that the guidelines do not support SI joint injection for the diagnosis noted, this request is deemed not medically necessary.

PIR Injection trigger points with fluro and IV sedation: 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) Hip & Pelvis Chapter.

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 (Acute and Chronic) Piriformis Injections. Updated 3/25/2014.

Decision rationale: Official Disability Guidelines (ODG) state that, these injections are recommended after a one-month physical therapy trial. After review of the medical records provided was unable to identify documentation of a 1 month trial for this complaint. Therefore lacking pertinent documentation for justification of this procedure, this request is deemed not medically necessary.