MAXIMUS Federal Services

Case Number:	CM14-0164282		
Date Assigned:	10/09/2014	Date of Injury:	09/08/2004
Decision Date:	03/09/2015	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/06/2014

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. 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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44 year old female reportedly sustained a work related injury on September 8, 2004. Diagnoses include disc decompression and lumbar fusion, lumbar disc degeneration, radiculopathy with neurogenic bladder and chronic pain. Magnetic resonance imaging (MRI) dated August 13, 2014 shows no significant change from prior test on September 3, 2012. Physical therapy on September 3, 2014 notes pain as 2-510 and that she feels better since starting pool physical therapy. Plan is to continue aquatic therapy of 3 X 6. Neurosurgery progress note dated August 18, 2014 notes a failed lumbar fusion and removal of hardware. Physical exam reveals 5/5 motor strength of lower extremities. Plan is for pain management, continued therapy, sacroiliac joint block and trigger point injection.On September 10, 2014 utilization review denied a request dated September 3, 2014 for bilateral sacroiliac joint block and trigger point injection. Medical Treatment Utilization Schedule (MTUS), Official Disability Guidelines (ODG), and independent medical review guidelines were utilized in the determination. Application for independent medical review (IMR) is dated October 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SI (sacroiliac) joint block: 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) Treatment in Workers Compensation (TWC): Hip and Pelvis Procedure Summary last updated 03/25/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, SI joint injections

Decision rationale: ODG guidelines, Low Back Chapter under SI joint injections states: " Treatment: There is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment --at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories-- as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block.ODG further states that, "The history and physical should suggest the diagnosis --with documentation of at least 3 positive exam findings as listed.." "*Diagnosis: *Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test --One Legged-Stork Test--; Patrick's Test "FABER--; Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test --REAB--; Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test "POSH--." The review of the reports including the utilization review letter does not mention whether or not the patient has had prior SI joint injection. Review of the reports does not show that there is documentation of at least three positive physical examination maneuvers to consider SI joint injections. The request IS NOT medically necessary.

Trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: The patient presents with pain in her lower back. The patient is s/p L4-5 and L5-S1 anterior fusion in 2010 and removal of hardware on 04/09/14. The request is for TRIGGER POINT INJECTION--TPI--. MTUS guidelines page 122 Recommend TPIs "the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: 1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; 2) Symptoms have persisted for more than three months; 3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; 4) Radiculopathy is not present " etc. In this case, the treater has asked for TPI but does not indicate why TPI is needed or where TPI is needed. There are no examination findings showing "circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." The request IS NOT medically necessary.