MAXIMUS Federal Services

Case Number:	CM14-0212073		
Date Assigned:	01/02/2015	Date of Injury:	01/15/2010
Decision Date:	02/27/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/18/2014

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 & Rehabn

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 patient is a 35 year old female with an injury date of 1/15/10. Based on the 10/22/14 progress report, this patient complains of "burning pain in the low back, most on the right side with intermittent cramping"; pain also radiates into her right hip and she has "numbness to the bilateral feet." Exam shows "significant tenderness to palpation over the lumbar spine with palpable right paraspinal lumbar spasms has diffuse tenderness to palpation lumbar spines as well as over the right SI joint." Patient also has had "markedly positive Faber's test on the right spine and with a positive Gaenslen's test on the right side" with positive Fortin's on the right.Diagnoses for this patient are: 1. HNP at C5-6 with canal stenosis 2. Cervical and lumbar myofascial pain 3. HNP with bilateral foraminal stenosis at L3-4 and L4-5 4. Medication-induced gastritis 5. Iliac crest insertional pain with symptomatic improvement after trigger point injections 6. Right sacroilliitis.Work status is unknown; however, patient reports a "loud pop" with pain while walking fast at work, one day before the 6/25/14 exam. The utilization review being challenged is dated 11/19/14. The request was denied on the basis that this patient's pain "referred towards the lower extremity which is indicative of radicular pain and consistent with the diagnosis of herniated nucleus pulposus (HNP)," also, documentation is lacking with regards to failed conservative treatment. The request is for continued request for right SI joint injection with fluoroscopic guidance. The requesting provider has provided reports from 1/06/14 to 11/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued request for Right SI joint injection with fluroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical salicyclate, Topical Analgesics, Opioids Page(s): 105, 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 12th edition (web), Hip and Pelvis Chapter, Sacroiliac joint blocks, Pain Chapter, Salicyclate topicals

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute and Chronic) Chapter (online), Sacroiliac joint blocks

Decision rationale: This patient presents with burning pain in the low back, which radiates into her right hip, with numbness to bilateral feet. The treater requests continued request for RIGHT SI JOINT INJECTION WITH FLUOROSCOPIC GUIDANCE per report dated 10/22/14.According to MTUS guidelines, trigger point injections are only recommended for myofascial pain and not recommended for radicular pain, typical back pain or neck pain. Additionally, ODG guidelines recommend sacroiliac joint blocks as an option if failed at least 4-6 weeks of aggressive conservative therapy (at least six weeks of comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture suggestive of sacroiliac injury and/or disease with documentation of at least 3 positive exam findings specific for motion palpation and pain provocation for SI joint dysfunction.3/26/14 report: Patient received trigger point injection to three locations in the right lumbar paraspinal musculature.6/25/14 report: Patient reports "walking fast at work yesterday and she heard a loud pop in her low back and experienced sharp pain." Procedure notes indicate the patient received trigger point injections at the office.9/24/14 report: Patient reports previous trigger point injections having provided "70% reduction of pain but feels her pain has become worse lately." Procedure note indicates patient having received trigger point injections at the office. Patient reports persistent symptoms lasting more than three months, completed more than 18 sessions of chiropractic care and has also participated in a home exercise program (per the 1/06/14 report). She also reports benefit from the use of Terocin cream and is taking Tramadol ER and Norco (which she has not successfully weaned off of, due to the significant pain). Review of submitted records indicate a lack of specific documentation of a "greater than 50% pain relief for six weeks after the injection" with "documented evidence of functional improvement." Per the 10/22/14 report, the patient reports "significant pain relief," she also states "this last injection [9/24/14] was not as effective as previous injections." MTUS criteria also requires the "frequency should not be at an interval less than two months," while this patient last received injections on 9/24/14. Per the 10/22/14 exam, this patient shows "significant tenderness to palpation," with three positive test findings (Faber's Gaenslen's, and Fortin), however, there is an absence of documentation to clearly demonstrate "trigger points with evidence upon palpation of a twitch response as well as referred pain." Given the absence of documentation to meet required MTUS criteria for trigger point injections, the request for SI injections the request cannot be warranted as a medical necessity. The request IS NOT medically necessary.