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| Case Number: | CM14-0214931 | | |
| Date Assigned: | 01/07/2015 | Date of Injury: | 04/20/2009 |
| Decision Date: | 02/24/2015 | UR Denial Date: | 12/09/2014 |
| Priority: | Standard | Application Received: | 12/22/2014 |

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 40 year old employee with date of injury of 4/21/09. Medical records indicate the patient is undergoing treatment for musculoligamentous sprain/strain, disc bulging and radiculopathy of lumbar spine; sacroiliac dysfunction; anxiety and depression; insomnia; failed back syndrome and s/p lumbar spine surgery. Subjective complaints include low back pain rated 6/10. She uses TENS unit, medication, ice packs and home exercises to alleviate pain. Objective findings include normal gait, heel/toe walk without difficulty. Lumbar spine exam revealed: paravertebral muscle hypertonicity, spasm, tenderness, trigger point with twitch response and radiating pain; coccyx. Posterior spine and sacroiliac joint tenderness; spinous process tenderness at L3-S1. Bilateral lumbar facet loading is negative; positive SLR at 60 degrees. The patient got on/off the exam stable with difficulty. Treatment has consisted of TENS unit, medication, ice packs and home exercises. Thoracic spine range of motion (ROM); flexion, 50; left and right rotation, 30; lumbar spine ROM; flexion, 40; extension, 10; left and right lateral bend, 25; Medications include: Orudis, Prilosec, and Neurontin. The utilization review determination was rendered on 12/9/14 recommending non-certification of a bilateral SI injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SI Joint 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 (ODG), Treatment Index, 11th Edition (web), 2014, Hip & Pelvis and Sacroiliac joint blocks

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation ODG Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), Epidural steroid injections (ESIs), therapeutic; MD Guidelines, Facet Joint Injections/Therapeutic Facet Joint Injections

Decision rationale: ACOEM Guidelines report that "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. "ODG and MD Guidelines agree that: "One diagnostic facet joint injection may be recommended for patients with chronic low back pain that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments (e.g., NSAIDs [non-steroidal anti-inflammatory drugs], aerobic exercise, other exercise, manipulation) in order to determine whether specific interventions targeting the facet joint are recommended." Physical exam findings do not suggest that extension and rotation significantly exacerbate low back pain. Additionally, the treating physician does not document lumbar rigidity, level of pain relief as it pertains to conservative treatments. In addition, the treating physician does not detail a trial and failure of conservative treatment. As such, the request for bilateral SI joint injection is not medically necessary.