

Case Number:	CM14-0215731		
Date Assigned:	01/05/2015	Date of Injury:	03/09/2013
Decision Date:	03/10/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/23/2014

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: Pennsylvania, Ohio, 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 is a 45 year old woman with a history of neck pain radiating down the right arm including numbness as well as low back pain radiating to the right mid thigh. Physical examination findings include multiple positive Si joint maneuvers (Patrick's, Faber's, and finger test at the SI joint). Symptoms have persisted despite trials of conservative treatment including physical therapy and NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 medial branch blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Facet joint diagnostic blocks (injections)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: ACOEM guidelines suggest that invasive lumbar procedures are of questionable merit. Moreover, the records in this case discuss radicular symptoms into the right mid-thigh; the findings do not suggest local axial pain emphasizing provocative facet-loading maneuvers. Thus the records and guidelines do not support an indication for diagnostic medial branch blocks.

Right sacroiliac joint injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG/TWC/Hip

Decision rationale: This request was certified as medically necessary in the original physician review of 11/21/14. Thus appeal of this item is not applicable.

MRI scan cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Indications for imaging - MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: MRI imaging of the cervical spine is recommended when there is evidence of a specific neurological deficit and related differential diagnosis or when there are red flag items in the history suggesting nerve root compromise or other spinal pathology. Such findings are not present in this case. The records and guidelines do not support an indication for a cervical MRI at this time.

Interferential unit times 30 day trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

Decision rationale: MTUS recommends interferential stimulation only in conjunction with return to work, exercise, and medication; such a multi-modal treatment plan is not apparent in the records at this time. Moreover MTUS recommends interferential stimulation as a second line treatment when other treatment has been ineffective, such as when pain is ineffectively controlled due to diminished effectiveness of medication or ineffectively controlled due to

medication side effects or a history of substance abuse. Such a supporting rationale is not clearly documented in this case.