

Case Number:	CM15-0012743		
Date Assigned:	01/30/2015	Date of Injury:	03/03/2008
Decision Date:	03/19/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/22/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 injured worker is a 66 year old female, who sustained a work/ industrial injury with fainting and myocardial infarction on 3/3/08. She has reported symptoms of constant lower back pain on the right side. There was constant numbness in the left thigh and toes on left foot. She developed pain in the lateral aspect of her left knee. Prior medical history includes compression fracture of the lumbar spine at L2, s/p kyphoplasty, multilevel disc disease and hypertension. The diagnoses have included lumbosacral disc degeneration. Surgeries included anterior/posterior decompression and fusion at L4-5 and L5-S1 on 8/10/12 and exploration of the lumbar fusion with removal of the retained pedical screw hardware from L4-S1 with fusion found to be solid at both of these levels on 7/25/14. Examination on 8/12/14 reports normal gait, mild tenderness in the paraspinal muscles except for mild to moderate tenderness at the lower level on the left side, mild tenderness at the sacroiliac joints and minimal tenderness over the sciatic nerves on both sides. Range of motion demonstrates 70 degrees flexion, 10 degrees extension, 40 degrees rotation, and 20 degrees lateral bending of the lumbar region. The lower extremities demonstrate grade 5 motor strength without neurological deficits, straight leg raise test at 75 degrees with some slight hamstring tightness without lower back pain, moderate tenderness at the sacroiliac joints, and minimal tenderness over the sciatic nerves on both sides. Treatment to date has included exercises, medication, hospitalization, acupuncture, chiropractic care, lumbar facet joint and sacroiliac joint injections, diagnostics, and surgery. Medications included Tylenol, Vesicare, Norco, and Lorazepam. She was referred for pain management evaluation and bilateral sacroiliac injections. On 1/13/15, Utilization Review non-certified a Referral for Pain Management and

bilateral sacroiliac injections, noting the California Medical treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Guidelines as well as Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for pain management evaluation and bilateral sacroiliac injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, Chapter 7, page 127 and Official Disability Guidelines, Hip, Sacroiliac Blocks

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Consultations, Chapter 7, Page 127. Decision based on Non-MTUS Citation Hips and pelvis section, SI joint injections Pain section, Office visits

Decision rationale: Pursuant to the ACOEM in the Official Disability Guidelines, referral pain management evaluation and bilateral SI injections. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are a compression fracture of lumbar spine and L2 status post Kyphoplasty; bilateral sacroiliac joint sprains; hypertension and previous heart attack was fractured ribs by history; fracture lumbar vertebrae; lumbosacral spondylosis; displaced into vertebral disc site unspecified; removal orthopedic device, etc. Sacroiliac joint blocks are recommended as an option if the injured worker failed at least 4 to 6 weeks of aggressive conservative therapy. Sacroiliac dysfunction is poorly defined and the diagnosis is difficult to make due to the presence of other low back pathology. The diagnosis is difficult to make because pain symptoms may depend on the region of the SI joint that is involved. The criteria for the use of sacroiliac blocks include, but are not limited to, the history and physical should suggest the diagnosis (with documentation of at least three positive examination findings); the patient has had failed 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management; positive diagnostic responses recorded as 80% for the duration of the local anesthetic. The documentation shows a referral was made to the pain management specialist. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of the patient. Additionally, the need for clinical office visit is individualized based upon patient concerns, signs and symptoms and clinical stability. The pain management consultant should determine whether or not therapeutic management with a sacroiliac block is appropriate. The referring physician, based on the difficulty in making this clinical diagnosis, should not make this decision. Additionally, there is no clinical documentation

of recent physical therapy in the medical record. The injured worker received physical therapy in 2013 along with a one-year gym membership. There was no documentation of the gym membership. Consequently, the consultant should make the therapeutic decision as to whether a sacroiliac joint block is appropriate and, as a result, the referral to the pain management evaluation and bilateral SI joint injections is not medically necessary.