

Case Number:	CM15-0113624		
Date Assigned:	06/22/2015	Date of Injury:	03/13/2014
Decision Date:	07/22/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/12/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 29-year-old male who sustained a work related injury March 13, 2014. Past history included gastric bypass approximately April 2012. While driving, he was struck by another vehicle on the right rear side. The impact tossed him from side to side but he did not in turn hit anything else. He initially went to an emergency room; x-rays were taken of the neck and low back, reported as negative. He developed pain the following day at home, fainted, and was taken to the hospital where they reportedly took a CT of the abdomen for intense abdominal pain and he was taken to surgery. A physician's notation made April 15, 2014, revealed at surgery, he had a small 2 mm perforation at the jejunal side of his gastrojejunostomy. A laparoscopic Graham patch was performed and a drain was placed. He was also noted to be H (Helicobacter) pylori positive. In May of 2014, he was diagnosed with a closed head trauma (without loss of consciousness), headaches, dizziness and right ear tinnitus, cervical spine sprain and or whiplash, left upper extremity radiculopathy, lumbar spine sprain, left lower extremity radiculopathy and left knee sprain with possible internal derangement. An operative report dated May 6, 2015, revealed a left sacroiliac joint injection was performed for the diagnoses of left sacroiliac joint inflammation; severe left radiation of pain to the posterior lateral aspect of the left thigh; intraarticular inflammation of the left sacroiliac joint. According to a pain management progress report, dated May 11, 2015, the injured worker presented with 50% improvement on the left side after the first left sacroiliac injection and is sustained for a week. Physical examination of the lumbosacral spine reveals normal gait, improved on left, able to heel toe walk but with pain on the right. Palpation of the right sacroiliac joint reproduced sharp shooting pain down the

posterior and lateral aspects of the right thigh. There were positive provocative tests indicting SI point pathology. Diagnosis is documented as sacroilitis of the sacroiliac joints. At issue, is the request for authorization of a right sacroiliac injection and a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management consultation for the cervical/lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 112.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 46, 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend patients can be referred to specialists when the diagnosis is too complex or additional services are necessary for the management of a worsening condition. The records indicate worsening subjective and objective findings related to the cervical and lumbar spines. The patient had completed PT, acupuncture and medication treatments without improvement of symptoms. As the criteria are met, Pain Management Consultation for the cervical and lumbar spines is medically necessary.

Right sacroiliac injection under fluoroscopic guidance: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), sacroiliac blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back Hips and Pelvic.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional procedures can be utilized for the treatment of musculoskeletal pain when conservative treatments with medications and PT have failed. The records indicate that the patient had completed conservative treatments. The patient reported significant pain relief with functional restoration following injection to the left SI joint. There is documentation of positive right SI joint provocative tests including Patrick's, Gaenslen and compression / thrusts. As the criteria are met, Right SI joint injection under fluoroscopy guidance is medically necessary.