

Case Number:	CM15-0125067		
Date Assigned:	07/09/2015	Date of Injury:	04/29/2013
Decision Date:	09/23/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/29/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 29, 2013. In a Utilization Review report dated June 23, 2015, the claims administrator retrospectively denied an ultrasound-guided injection apparently performed on May 8, 2015. The patient had a history of earlier lumbar laminectomy surgery, the claims administrator incidentally noted. The applicant's attorney subsequently appealed. On May 8, 2015, the applicant reported what the attending provider described as focal pain about the right SI joint. Tenderness about the same was appreciated. The applicant was asked to pursue a sacroiliac joint injection under ultrasound guidance. In a procedure note dated May 8, 2015, the applicant underwent an ultrasound-guided sacroiliac joint injection. The applicant's past medical history was not detailed on either the progress note or the procedure note of May 8, 2015 or on earlier note dated April 27, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Aspiration/injection (DOS: 5/8/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed, Low Back Disorders, page 611.

Decision rationale: The MTUS does not address the topic of sacroiliac joint injections. However, the Third Edition ACOEM Guidelines Low Back Chapter notes that sacroiliac joint injections are not recommended in the treatment of chronic non-specific low back pain, as was present here, or in the treatment of any radicular pain syndrome, as was also present here. The applicant had a history of lumbar radiculopathy status post earlier failed lumbar laminectomy surgery. The Third Edition ACOEM Guideline suggests reserving sacroiliac joint injections for applicants with some rheumatologically-proven spondyloarthropathy implicating the sacroiliac joints. Here, however, there is no mention of the applicant's carrying a diagnosis of HLA-B27 positive spondyloarthropathy, rheumatoid arthritis implicating the SI joints, or other rheumatologic disease process implicating the SI joints. SI joint injection therapy was not, thus, indicated in the chronic non-specific low back pain and/or chronic radicular pain context present here, per ACOEM. Therefore, the request was not medically necessary.

Retrospective Ultrasonic guidance for spinal needle placement, imaging supervision and interpretation (DOS: 5/8/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Retrospective Ultrasound, pelvis and extremity, nonvascular, real time with image documentation, (DOS: 5/8/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Retrospective Marcaine .5% (DOS: 5/8/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Retrospective Ketorolac (DOS: 5/8/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Retrospective Dexamethasone (DOS: 5/8/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.