

Case Number:	CM15-0127761		
Date Assigned:	07/14/2015	Date of Injury:	05/06/2003
Decision Date:	08/18/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/01/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 (IW) is a 42-year-old female who sustained an industrial injury on 05/06/2003. Diagnoses/impressions include Lumbar discopathy with radiculopathy. Treatment to date has included medications, physical therapy, chiropractic and activity modifications. According to the PR2 dated 5/26/15, the IW reported back pain and stiffness with numbness and radicular pain in the bilateral legs. She rated her pain 8/10. She also reported leg pain and swelling, as well as weakness and spasms. The provider noted the IW has had substantial benefit from medications and she had not exhibited any aberrant drug behaviors; her urine drug screens were consistent with her treatment. She was reportedly on the lowest effective of medication. On examination, the IW was uncomfortable and had difficulty getting around the office. The lumbar paraspinal muscles were tender to palpation with spasms. Lower extremity muscle strength was 4/5 and 4+/5. Sensation was decreased to light touch in the bilateral L5 and S1 dermatomes. She had pain to palpation over the L3 to S1 hardware and pain with rotational extension. Myofascial pain with triggering and spasms were noted bilaterally. Patrick's, FABER's and Stork maneuvers were positive, with point tenderness over the sacroiliac joint. A request was made for sacroiliac joint injection and hardware injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac 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 in Workers Compensation, Hip - Sacroiliac Blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip chapter and pg 20.

Decision rationale: According to the guidelines, hip injections are not recommended for arthritis. They are recommended for bursitis. Fluoroscopically guided steroid injection may be effective. Corticosteroid injections are effective for greater trochanteric pain syndrome (GTPS) managed in primary care. In this case, the claimant did not have a diagnosis of bursitis. Exam findings did not focus on the hip to indicate need for the injection. As a result, the request is not medically necessary.

Hardware injections: Overturned

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 in Workers Compensation, Hardware Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter and pg 47.

Decision rationale: According to the guidelines, hardware injections are recommended only for diagnostic evaluation of failed back surgery syndrome. This injection procedure is performed on patients who have undergone a fusion with hardware to determine if continued pain is caused by the hardware. In this case, the claimant had a fusion with persistent back pain. The hardware injection is appropriate to determine the cause for the pain. Therefore, the request is medically necessary.