

Case Number:	CM15-0177220		
Date Assigned:	09/17/2015	Date of Injury:	09/29/2010
Decision Date:	10/20/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/09/2015

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: North Carolina
 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 is a 56 year old female, who sustained an industrial-work injury on 9-29-10. A review of the medical records indicates that the injured worker is undergoing treatment for status post posterior lumbar interbody fusion at L4-L5 with probable solid fusion and right sacroiliitis. Medical records dated (3-31-15 to 7-21-15) indicate that the injured worker complains of radiating right leg pain, especially at night and problems with her lumbar scar from lumbar fusion over 2 years ago. She would like to see a plastic surgeon for revision of the lumbar scar. The medical record dated 7-21-15 the physician indicates that the injured worker continues to have cramping in the legs and back. She is now complaining of pain over the right sacroiliac joint that radiates to the right buttocks. The physician indicates that his concern is right sacroiliitis. There is also a plastic surgeon consult dated 3-11-15 and the physician indicates that she presents with scar on her back present for 2 years. This is a functional concern and a painful scar caused by surgery. Upon assessment of the scar on the back it is brownish in color; there is tenderness, tethering, firmness, and hypertrophic scarring. The assessment reveals a contracture scar, hypertrophic scar and possible neuroma from scar. The physician indicates that the neuroma formation is likely affecting the sensory nerves to the area and in his opinion scar revision surgery is her best option. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 7-21-15 the injured worker has returned to work. The physical exam dated 7-21-15 reveals that there is 1+ lumbar paraspinous muscle spasm with mild tenderness to palpation. There is positive Faber sign, positive Gaenslen sign and positive thigh thrust sign all on the right and reproducing pain over the right sacroiliac joint.

Treatment to date has included pain medication, history of lumbar fusion, acupuncture at least 7 sessions with some relief, neurologist consult, plastic surgeon consult, massage therapy and other modalities. The medical record dated 3-31-15 the physician indicates that the computed tomography (CT) scan of the lumbar spine films were delivered to his office and he indicates that "there is definite bridging bone across the disc space posteriorly and you can see in the disc space a sentinel line of cortical bone, which is consistent with a solid fusion." EMG-NCV (electromyography and nerve conduction velocity) testing was performed on 2-22-15 of the bilateral lower extremities and was normal. The request for authorization date was 8-6-15 and requested services included Marcaine and steroid injection, right SI joint quantity of 1.00 and Consultation with a plastic surgeon. The original Utilization review dated 8-13-15 non-certified the request for Marcaine and steroid injection, right SI joint quantity of 1.00 as sacroiliac joint injections are recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy and there is insufficient documentation on the conservative recent treatment for the low back with reference to the sacroiliac joint with rehab or oral medications. The request for Consultation with a plastic surgeon was non-certified as there is no rationale to have a plastic surgery consult and therefore, not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Marcaine and steroid injection, right SI joint Qty: 1.00: 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), Low Back- Sacroiliac joint injection (SJI) Official Disability Guidelines (ODG), Hip & Pelvis - Intra-articular steroid hip injection (IASHI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SI joint injections.

Decision rationale: The ACOEM and the California MTUS does not address the requested service. The ODG states SI joint injections are only indicated if there has been failure of aggressive conservative therapy for 6-8 weeks and the physical exam clearly indicates the source of pain to be the SI joint. The physical findings do not support these criteria and therefore the request is not medically necessary.

Consultation with a plastic surgeon: 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, 2004 Page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for: 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient upon review of the provided medical records has ongoing back pain. There is no medical indication in the documents for a plastic surgery consult for an industrial related incident. Therefore the request is not medically necessary.