

Case Number:	CM15-0098501		
Date Assigned:	05/29/2015	Date of Injury:	11/22/2002
Decision Date:	06/30/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/21/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 64 year old female with an industrial injury dated 11/22/2002. The injured worker's diagnoses include status post permanent spinal cord stimulator, revision of L5-S1 posterior fusion, bilateral lumbar radiculopathy, L5-S1 pseudoarthrosis and bilateral sacroiliac (SI) joint dysfunction. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 4/7/2015, the injured worker reported low back pain radiating down the bilateral buttocks and down the posterior thighs through the calves. The injured worker also reported worsening bilateral foot pain over the dorsal and plantar aspect of the great toe, the second and third toes. The injured worker rated pain a 6-7/10 with medication and 8-9/10 without medication. Objective findings revealed tenderness to palpitation over the thoracic spine, tenderness to palpitation over the bilateral sacroiliac joint and forward flex gait. The treating physician noted that the x-ray revealed sclerosis of the bilateral sacroiliac (SI) joints, below an L3-S1 fusion. The treating physician prescribed bilateral sacroiliac (SI) joint blocks with arthrogram and pain management consultation now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SI Joint Blocks with Arthrogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Discography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Discography. <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Discography "Not recommended. In the past, discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. However, the conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal fusion." Based on the above, there is no rational for prescribing Bilateral SI Joint Blocks with Arthrogram, other imaging modalities such as MRI could be considered in this case. There is no clear rational from requesting S1 block. Therefore, the request FOR Bilateral SI Joint Blocks with Arthrogram is not medically necessary.

Pain Management Consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral Page(s): 171.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In this case, there is no clear need for a second opinion. The requesting physician should provide a documentation supporting the medical necessity for a pain management specialist evaluation. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for pain management consultation is not medically necessary.