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| Case Number: | CM15-0099990 | | |
| Date Assigned: | 06/02/2015 | Date of Injury: | 06/04/1991 |
| Decision Date: | 07/09/2015 | UR Denial Date: | 05/15/2015 |
| Priority: | Standard | Application Received: | 05/26/2015 |

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, Illinois

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 injured worker is a 56 year old male, who sustained an industrial injury on 6/4/91. The injured worker has complaints of back pain. The documentation noted on examination that there is tenderness over right S1 (sacroiliac) area. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy; degeneration of lumbar disc and disorder of sacrum not otherwise specified. Treatment to date has included injections; oxycodone; diazepam; protonix; lumbar brace and Functional Restoration Program. The request was for left sacroiliac joint injection and right sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left 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, Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Sacroiliac joint injections (SJI).

Decision rationale: The injured worker sustained a work related injury on 6/4/91. The medical records provided indicate the diagnosis of displacement of lumbar intervertebral disc without myelopathy; degeneration of lumbar disc and disorder of sacrum not otherwise specified. Treatment to date has included injections; oxycodone; diazepam; protonix; lumbar brace and Functional Restoration Program. The medical records provided for review do not indicate a medical necessity for Left sacroiliac joint injection. The medical records indicate the injured worker had 50% pain relief that lasted more than 6 months following right sacroilac joint injection, the pain flared up when he traveled to visit family; Since then he has been treated with unspecified number of deep tissue massage, acupuncture and chiropractic care. He has also been doing home exercise therapy, while taking his prescribed medications. Examination noted positive Patrick's test in an unspecified part of the low back. The MTUS is silent on this form of treatment, but the Official Disability Guidelines recommends it as an option after 4-6 weeks of aggressive conservative therapy. Therefore, based on the fact that there was no specific mention of low back pain, or of positive Patrick's test on the left; based on the fact that the duration and number of each of the treatments rendered were not mentioned, it is not to determine whether the treatments qualify for 4-6 weeks of aggressive conservative therapy. The MTUS recommends the decision of future care of the occupational medicine patient be done in the context of information from thorough history and physical examination.

Right 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, Low Back.

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 - Lumbar & Thoracic (Acute & Chronic) Sacroiliac joint injections (SJI).

Decision rationale: The injured worker sustained a work related injury on 6/4/91. The medical records provided indicate the diagnosis of displacement of lumbar intervertebral disc without myelopathy; degeneration of lumbar disc and disorder of sacrum not otherwise specified. Treatment to date has included injections; oxycodone; diazepam; protonix; lumbar brace and Functional Restoration Program. The medical records provided for review do not indicate a medical necessity for Right sacroiliac joint injection. The medical records indicate the injured worker had 50% pain relief that lasted more than 6 months following right sacroilac joint injection. The pain flared up when he traveled to visit family; Since then he has been treated with unspecified number of deep tissue massage, acupuncture and chiropractic care. He has also been doing home exercise therapy, while taking his prescribed medications. Examination noted positive Patrick's test in an unspecified side of the low back. The MTUS is silent on this form of treatment, but the Official Disability Guidelines recommends it as an option after 4-6 weeks of aggressive conservative therapy. Therefore, based on the fact that there was no specific mention of positive Patrick's test on the right; based on the fact that the duration and number of each of the treatments rendered were not mentioned, it is not possible to determine whether the treatments qualify for 4-6 weeks of aggressive conservative therapy. The MTUS recommends the decision of future care of the occupational medicine patient be done in the context of information from thorough history and physical examination.