MAXIMUS Federal Services

Case Number:	CM13-0020570		
Date Assigned:	11/08/2013	Date of Injury:	12/03/2012
Decision Date:	10/01/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/05/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 29 year old male who sustained an injury on 08/28/13. There is a different date of injury in the clinical records of 12/03/2012 when the injured worker was picking up materials. He reported injuring his low back. Initial radiographs were negative for abnormalities and the injured worker was given anti-inflammatories as well as muscle relaxers and narcotic analgesics. The injured worker was also given a low back brace. The injured worker was also given steroid injections and oral steroids. MRI studies of the lumbar spine were reported to show spondylolisthesis at L5-S1. Electrodiagnostic studies from April 2013 were negative for any evidence regarding lumbar radiculopathy. As of 07/15/13, the injured worker did report experiencing pain over the right buttock radiating to the posterolateral aspect of the right thigh with associated numbness and tingling. The injured worker was felt to be suffering from a symptomatic disc herniation. The injured worker's physical examination did note lumbar paraspinal spasms in the lumbar musculature. There was pain to palpation over the spinous processes. Positive Patrick Faber's signs as well as sciatic tenderness, Gaenslen's signs and sacroiliac joint thrust test were noted on evaluation. The recommendation was for epidural steroid injections at L4-5 and L5-S1 as well as a right sacroiliac joint injection with fluoroscopy. The requested right sacroiliac joint injection under fluoroscopy was denied by utilization review on 08/28/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

First Sacroiliac Joint Injection under Fluoroscopic Guidance: Overturned

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

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

Decision rationale: In review of the clinical documentation submitted, it is this reviewer's opinion that the proposed right sacroiliac joint injection was medically necessary. The injured worker continued to report symptoms consistent with low back pain as well as right sided sacroiliac joint pain despite an extensive amount of conservative treatment to include multiple medications and injections. The July 2013 physical examination clearly did note positive provocative findings for sacroiliac joint dysfunction to include Gaenslen's, Patrick Faber's and sacroiliac joint thrust testing. Per guidelines, sacroiliac joint injections can be considered medically necessary when there is failure of conservative treatment as well as objective evidence regarding sacroiliac joint dysfunction. Although the injured worker was recommended for epidural steroid injections to address lumbar radiculopathy, there is no indication from the reports that these procedures would be performed on the same date. Given the objective evidence consistent with sacroiliac joint dysfunction, the proposed injections would be considered medically necessary.