

Case Number:	CM13-0022030		
Date Assigned:	12/04/2013	Date of Injury:	05/07/2012
Decision Date:	01/23/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 63y.ear old male with a. date of injury on 5/7/12. Diagnosis is low back pain, left leg pain, sacroiliac dysfunction, and possible facet arthropathy. MRI of the: lumbar spine dated 09/27/12 revealed at L4-5 broad based .disc bulge asymmetric to the left with annular tear fissure in the left neural foraminal zone superimposed on severe bilateral facet joint hypertrophy with a small right facet joint effusion . This results in mild central canal stenosis; moderate left lateral recess narrowing and minimal right and moderate left neural foraminal narrowing, At L5-S1 there is broad based disc bulge.asymmetric to the right with a 1 cm annular fissure centrally and severe bilateral ligamentum flavum and facet joint hypertrophy with a small right facet joint effusion results in moderate right and mild left lateral recess narrowing and severe bilateral neural foraminal narrowing. 11/6/12 NCS/EMG revealed evidence of a chronic S1 radiculopathy. 9/20/13 Physical exam: Neurological Examination of the Lower Extremities, Deep Tendon Reflexes, Knee jerks 2+left and right Ankle 2+ left and right. The patient' gait is normal on tip toe and heels. Special tests: He was able to cross his legs but complained of tightness in the left left: hip, area. No further physical examination was done. There is a request for a left sacroiliac injection under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac join injection under fluoroscopy: 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) Guidelines, Web Edition, Hip and Amp; Pelvis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Sacroiliac joint injections (SJI); Sacroiliac joint blocks; intraarticular hip injections; low back..

Decision rationale: Left sacroiliac joint injection under fluoroscopy is not medically necessary. The MTUS guidelines do not specifically mention sacroiliac joint injections. The ODG states that the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). The documentation submitted does not support the diagnosis of sacroiliac dysfunction with at least 3 positive exam findings mentioned in the sacroiliac block criteria.