

Case Number:	CM13-0022808		
Date Assigned:	11/15/2013	Date of Injury:	10/14/2010
Decision Date:	01/30/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/11/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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. 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 patient reports a date of injury on 10/14/10. [REDACTED] report from 8/29/13 has as diagnoses s/p L5-s1 fusion, recent worsening of back pain, GI issues, radiculopathy, probable pseudoarthrosis with adjacent L4-5 disc protrusion, left sacroiliitis. The patient presents as continuing to work, but worsening of pain as a result of cumulative type trauma while working. Updated studies showed retrolisthesis and instability on flexion-extension studies. Exam showed tender SI joint, positive FABER on left side. Reviewed MRI showed some worsening of the foraminal stenosis with 5mm left foraminal recurrent stenosis due to recurrent disc herniation, restrolisthesis at L4-5. 7/29/13 report shows worsening left leg and lower back pain with likely pseudoarthrosis. Examination showed nontender SI joint, negative FABER bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

left sacroiliac joint (SI) 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), Hip & Pelvis.

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

Decision rationale: This patient presents with chronic low back pain and is s/p L5-1 fusion. However, updated studies show retrolisthesis with segmental movement at L4-5, and possible pseudoarthrosis, per treating physician [REDACTED]. The request is for SI joint injection, indicating that all conservative measures including injections should be exhausted before another surgery. On the 8/29/13 exam, he noted tender SI joint and positive FABER on left. On 7/29/13, SI joint was non-tender and FABER was negative. MTUS and ACOEM guidelines are silent regarding SI joint injections. ODG guidelines require three positive examinations, ruling out other pain generators. In this patient, there is conflicting information regarding the patient's examination. On one visit, they are negative, but with next visit where the injection is recommended, examination is suddenly positive. Furthermore, the requester fails to document three positive examinations. The patient has other potential sources of pain such as history of lumbar fusion, newly discovered segmental instability, etc. SI joint injections are not recommended in these situations. Recommendation is for denial.