

Case Number:	CM13-0027586		
Date Assigned:	03/14/2014	Date of Injury:	06/09/2008
Decision Date:	04/23/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/23/2013

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 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 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 patient is a 29-year-old male with a work injury dated 6/9/08, after a fall off of a scaffold. The diagnoses include: 1. Chronic low back pain related to L4 burst fracture, status post L2-L5 fusion with cage placement at L4; 2. Sacroiliac joint fusion; 3. Spinal cord injury related to L4 burst fracture; 4. Post-laminectomy syndrome with lower extremity paraparesis; 5. Multiple scarring at the L4 level due to burst fracture, concerning for adhesions of the nerve roots on MRI; 6. Right buttock pain, right posterolateral thigh pain, gluteal pain concerning for piriformis syndrome; 7. Buttock and gluteal weakness; 8. Postural dysfunction related to forward-flexed posture related to extensive fusion of the back; 9. Testosterone deficiency, likely related to chronic opioid use; 10. Neurogenic bladder, much improved, largely resolved; 11. History of right foot surgery; 12. Bilateral knee pain likely related to posture, knee weakness and early arthritis; 13. Bilateral sacroiliac joint pain with a history of fusion; and 14. Erectile dysfunction related to spinal cord injury. There is a request for bilateral sacroiliac injections. The patient has had medications for management, activity modification, therapy, and underwent lumbar fusion L3-4 and L5-S1 with pedicle screws and rods 06/09/08, vena cava filter placement 06/11/08, a right foot/ankle open reduction internal fixation on 06/14/08, a lumbar discectomy with repair dural defects and additional fixation L2-S1 06/18/08, as well as status post spinal cord trial with removal shortly after due to no relief 08/25/09. An 8/22/13 primary treating physician note states that on physical exam the patient has forward-flexed posture. He is moving little bit more fluidly, but he still has antalgic gait. He still has a limp. He has difficulty with staying or standing straight up. He has noted swing through in the right leg and decreased stance time on the right side as well as the Trendelenburg gait and a slightly circumductive gait in the left. The office note states that the patient has bilateral sacroiliac (SI) joint pain. The patient has significant pain

especially in the right buttock region, this is chronic and persistent. He has tenderness to palpation over the sacroiliac joints and his physician is requesting authorization for bilateral SI joint injections with steroid. Per documentation, the patient has benefited from this in the past. Apparently on further interview, he did receive multiple sacroiliac joint injections with some improvement of his symptoms. An MRI of the lumbar spine, dated 7/24/13 indicates bilateral sacroiliac joint fusion, noted on radiographs with fluid collection overlying sacroiliac joint with possible hemosiderin. At the L4 level, the inferior aspect of the thecal sac has an irregular appearance. There appears to be a septation or web separating the upper portion of the thecal sac from the lower portion and this may represent scarring and arachnoiditis in this region.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL SACROILIAC INJECTION: Upheld

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 and Pelvis, Sacroiliac joint blocks.

Decision rationale: Bilateral sacroiliac injections are not medically necessary according to the Official Disability Guidelines. The Guidelines indicate that there should be at least three (3) positive tests for motion, palpation, and provocation. The medical records reviewed do not indicate these findings on documented physical examinations. The request for bilateral sacroiliac injections are not medically necessary. The request is non-certified.