

Case Number:	CM13-0035269		
Date Assigned:	12/13/2013	Date of Injury:	06/03/2003
Decision Date:	02/04/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/17/2013

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 Diagnostic Radiology 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:

52 year-old patient, s/p L4-S1 anterior and posterior fusion with cage (9/12/11) and bilateral L4-S1 laminectomies, unspecified injury from 6/3/03, presents with worsening lumbar pain and Si joint/pelvis pain. Medical evaluation dated 9/26/13 showed severe low back pain radiating to bilateral sacroiliac joint and feet. Exam showed tenderness in the paravertebral muscles, lumbosacral spine and bilateral sacroiliac joints. There is decreased sensation in the bilateral S1 more than L5 dermatomes. Range of motion lumbar spine flexion 44, extension 16, lateral bending 19 on the left and 24 on the right. Motor exam was 5/5 strength in all muscles groups of both lower extremities. Straight leg raising was positive on the left lower extremity associated with tingling. Patient has +Fortin, pelvic compression, and Gaenslen's sign. There is a question of pseudarthrosis at the previous fusion site along with evidence of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the sacroiliac joints with contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip and Pelvis CT (computed tomography)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Systematic review of tests to identify the disc, SIJ or

facet joint as the source of low back pain. Hancock MJ, et al. Eur Spine J. 2007 Oct; 16(10):1539-50. Epub 2007 Jun 14 and Evidence-based diagnosis and treatment of the painful sacroiliac joint. Laslett M. J

Decision rationale: Both articles that I cited above recommended provocative manual tests for diagnosing sacroiliac joint pain rather than imaging. Moreover, according to the 1st source: "The results of this review demonstrate that tests do exist that change the probability of the disc or SIJ (but not the facet joint) as the source of low back pain. However, the changes in probability are usually small and at best moderate. The usefulness of these tests in clinical practice, particularly for guiding treatment selection, remains unclear." According to the 2nd source: "Tests for SIJ dysfunction generally have poor inter-examiner reliability. A reference standard for SIJ dysfunction is not readily available, so validity of the tests for this disorder is unknown. Tests that stress the SIJ in order to provoke familiar pain have acceptable inter-examiner reliability and have clinically useful validity against an acceptable reference standard." CT of the pelvis in a patient with lumbar spine hardware is unlikely to detect sacroiliac joint as a source of pain, and it is therefore, not warranted. There would likely be too much CT metallic artifact from the lumbar fusion hardware, limiting visualization of the SI joints.