

Case Number:	CM13-0043513		
Date Assigned:	12/27/2013	Date of Injury:	09/06/2007
Decision Date:	02/25/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/23/2013

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 Family Practice 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 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 is a 46-year-old male who reported a work related injury on 09/06/2007, as a result of an assault. The patient subsequently presents for treatment of the following diagnoses: failed back syndrome, history of multiple lumbar decompression, fusion L3 to the sacrum with residual mechanical back pain, and lumbar radiculopathy. A CT scan of the lumbar spine dated 01/29/2013, signed by [REDACTED], revealed: (1) a mild diffuse bulge at the L4-5 and L5-S1 discs without any significant central canal or neural foramen narrowing, and (2) generalized facet arthropathy. The clinical note dated 09/13/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documented the patient presents with worsening complaints of pain to the lumbar spine and bilateral lower extremities, rated at a 7/10 to 8/10. The provider documented the patient's fusion was performed in 12/2011. The provider documented, upon physical exam of the patient, 5/5 motor strength was noted throughout, 2+ reflexes were noted throughout, and diminished perception of light touch in the bilateral anterior shins were noted. The patient was able to heel and toe walk, and could squat and stand without assistance. The patient reported moderate to severe tenderness in the mid to lumbar spine. The patient had normal range of motion to the lumbar spine, and negative straight leg raise bilaterally. The provider recommended an MRI of the lumbar spine to assess the level of surgical correction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SI joint blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

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 Chapter.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence the patient presents with the diagnosis of sacroiliac joint disease indicative of the requested interventions at this point in the patient's treatment. Furthermore, the clinical notes failed to evidence history and physical exam findings that suggest the diagnosis of sacroiliac joint dysfunction. Official Disability Guidelines indicate the history and physical should suggest the diagnosis with documentation of 3 positive exam findings. In addition, the clinical notes must evidence the patient has had, and failed, at least 4 to 6 weeks of aggressive conservative therapy to include physical therapy, home exercise, and medication management, specifically directed at sacroiliac joint dysfunction. Given all the above, the request for bilateral SI joint blocks is not medically necessary or appropriate.

MRI of the lumbar spine.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence the patient presents with any change of condition, or motor, neurological, or sensory deficits upon physical exam of the patient to support the requested repeat imaging study at this point in the patient's treatment. California MTUS/ACOEM indicate, when the neurologic exam is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Given all the above, the request for an MRI of the lumbar spine is not medically necessary or appropriate.