

Case Number:	CM13-0050100		
Date Assigned:	12/27/2013	Date of Injury:	02/24/2010
Decision Date:	03/07/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/10/2013

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 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 is a 52 year old male with a date of injury of 02/24/2010. The listed diagnoses per [REDACTED] dated 08/30/2013 are: 1. Chronic lumbar sprain 2. Chronic Lumbosacral sprain 3. Mild Non specific lumbar -radiculitis 4. Status post left sacroiliac fusion 5. Myalgia/Myofascitis According to report dated 08/30/2013 by [REDACTED], the patient presents with low back pain with radiation to the bilateral lower extremities that is described as sharp and throbbing in quality and occasional in occurrence on the left side and constant on the right side. Patient also complains of constant moderate bilateral SI joint pain. Examination showed tenderness to palpation with associated taut bands and trigger points for the lumbar musculature bilaterally. The iliac crests and gluteal dimples and gluteal folds were also tender to palpation bilaterally. "Two nicely healed 1 inch scars on the left SI joints." Patient is status post left SI joint fusion (2012). The report documents that "as time progressed he began to have very similar symptoms pertaining to his right SI joint. Treater requests a pelvic CT scan to evaluate the fusion on the left and check status of the right joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multiplanar 2D Reconstructions Computed Tomography Scan of Pelvis: 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), Treatment Worker's Compensation, Online Edition, Chapter Hip and Pelvis

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis

Decision rationale: This patient presents with low back and bilateral SI joint pain. The treater requests a pelvic CT scan to evaluate the fusion on the left and check status of the right joint. ACOEM guidelines page 309 states under CT, recommendation is made when caudal equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. ODG guidelines under hip and pelvis states computed tomography are indicated for sacral insufficiency fractures, suspected osteoid osteoma, subchondral fractures and failure of closed reduction. In this case, the treater has asked for multiplanar CT scan of the SI joints and pelvis. However, there is no medical evidence that such fine cuts add anything meaningful to the diagnosis of SI joint syndrome other than providing pictures. Plane x-rays should be sufficient to r/o any fractures or dislocation or hardware problems. With any suspicion for fractures/hardware problems from X-rays, then one can consider regular CT scan for further imaging. Furthermore, this patient already had an SI joint fusion without much benefit as the patient continues to require pain management, medications and treatments. Pursuing SI joint pathology on the opposite side would seem unreasonable. SI joint diagnosis require 3 positive examination maneuvers followed by a positive response to intra-articular injection. Given the lack of guidelines support for CT scan at this juncture, the request is not certified.

Fine Cut Spiral Computerized Tomography (CT) Scan (no myelogram): 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), Treatment Worker's Compensation, Online Edition, Chapter Hip and Pelvis

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis

Decision rationale: This patient presents with low back and bilateral SI joint pain. The treater requests a pelvic CT scan to evaluate the fusion on the left and check status of the right joint. ACOEM guidelines page 309 states under CT, recommendation is made when caudal equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. ODG guidelines under hip and pelvis states computed tomography are indicated for sacral insufficiency fractures, suspected osteoid osteoma, subchondral fractures and failure of closed reduction. In this case, the treater has asked for multiplanar CT scan of the SI joints and pelvis. However, there is no medical evidence that such fine cuts add anything meaningful to the diagnosis of SI joint syndrome other than providing pictures. Plane x-rays should be sufficient to r/o any fractures or dislocation or hardware problems. With any suspicion for fractures/hardware problems from X-rays, then one can consider regular CT scan for further imaging. Furthermore, this patient already had an SI joint fusion without much benefit as the patient continues to require pain management, medications and treatments. Pursuing SI joint pathology on the opposite side

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