

Case Number:	CM13-0052550		
Date Assigned:	01/31/2014	Date of Injury:	01/21/2013
Decision Date:	05/02/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/15/2013

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 Orthopedic Surgery has a subspecialty in Spine Surgery and is licensed to practice in Texas and 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 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 injured worker reported an injury on 01/21/2013. The mechanism of injury involved a fall. The injured worker is currently diagnosed with lumbar radiculitis/thoracic radiculitis, abnormality of gait, sacroiliac ligament sprain and strain, lumbar myofascial sprain and strain, and burn/epidermal loss/2nd degree. The injured worker was evaluated on 09/04/2013. The injured worker reported lower back and buttock pain radiating to the right lower extremity. The injured worker has completed 3 sessions of aquatic therapy with slight benefit. Physical examination revealed an antalgic gait and tenderness to palpation of the right lower extremity, right sciatic notches, and sacroiliac joints. The injured worker also demonstrated diminished lumbar range of motion and diminished sensation in the L5-S1 distribution. Treatment recommendations at that time included a lumbar spine specialist consultation for treatment of the spine and possible sacroiliac joint block versus sciatic block.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULT AND TREAT WITH LUMBAR SPINE SPECIALIST REGARDING POSSIBLE SACROILIAC JOINT BLOCK VERSUS SCIATIC BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule (MTUS) 2009: ACOEM Practice Guidelines, 2nd Edition (2004), PAGE 127

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker's physical examination only revealed tenderness to palpation of the right sacroiliac joint. The injured worker demonstrated 5/5 motor strength in the bilateral lower extremities with normal deep tendon reflexes. There was no mention of an SI joint abnormality upon imaging study. There was also no mention of an exhaustion of conservative treatment prior to the request for a specialty consultation. Based on the clinical information received, the request is non-certified.