MAXIMUS Federal Services

Case Number:	CM13-0062374		
Date Assigned:	12/30/2013	Date of Injury:	10/12/2005
Decision Date:	04/14/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/06/2013

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 & Rehabilitation 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 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 64-year-old male who reported an injury on 10/12/2005. The mechanism of injury occurred when the patient was lifting his security handcart into the back of his vehicle. A review of the medical record reveals the patient's diagnoses include cervical spondylosis, left shoulder acromioclavicular joint arthropathy, status post distal clavicle resection, lumbar spondylosis with L4-5 spondylolisthesis, status post posterior spinal fusion at L4-5 on 11/12/2008 without improvement, and a C5-6 disc herniation status post C5-6 anterior cervical decompression and fusion on 09/09/2009. The most recent clinical note dated 12/03/2013 reveals the patient had increased 60% to 70% in functional status after physical therapy. He has not reached maximum medical improvement. Physical examination revealed painful range of motion of the right shoulder with crepitus noted bilaterally. The patient complained of persistent left buttock and hip pain. He had findings of left sacroiliitis following laminectomy and fusion. Previous sacroiliac joint rhizotomies have been denied on several occasions. The pain in the left buttock had increased to a point where the patient had difficulty sitting. Objective findings revealed mild discomfort and left sacroiliac joint sulcus tenderness. The patient had a positive left Patrick sign. An MRI of the lumbar spine dated 09/05/2013 revealed postoperative changes at L4-5 and anterior fusion, anterior spacer devices, and posterior decompression with mild disc desiccation noted at L5-S1. An MRI of the sacroiliac joints performed on 09/05/2013 was unremarkable.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN SI JOINT INTRA-ARTICULAR INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter, Intraarticular Hip injections.

Decision rationale: The California MTUS/ACOEM states that invasive techniques such as local injections and facet joint injections of cortisone and lidocaine are of questionable merit. The ODG states that intra-articular steroid hip injections are not recommended in early hip osteoarthritis, and are under study for moderately advanced or severe osteoarthritis. It is stated that it is recommended as an option for short-term pain relief and hip trochanteric bursitis. There is no documentation in the medical record of the patient having any diagnosis of trochanteric bursitis at this time. There is also no documentation of objective findings of significant functional deficits to include loss of range of motion, decreased strength, or decreased function that suggests the medical necessity for the requested service at this time. As such, the request for a sacroiliac joint intra-articular injection is non-certified.