

Case Number:	CM13-0062944		
Date Assigned:	12/30/2013	Date of Injury:	06/01/2006
Decision Date:	04/11/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/09/2013

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 Internal Medicine 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 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 49-year-old female who reported an injury on 06/01/2006. The mechanism of injury was noted to be repetitive lifting. A illegible note was provided for review which appears to be dated 10/04/2013. However, the content of the note cannot be deciphered. Therefore, the most recent note with legible findings is the clinical note dated 07/15/2013 which indicates that the patient's symptoms include low back pain with radiation down her left leg and numbness into her foot. Her physical examination findings revealed tenderness to palpation of the L3-5 paraspinal muscles bilaterally, as well as tenderness over the bilateral SI joints. She also had a positive straight leg raise test and decreased sensation in an L4-S1 dermatomal distribution on the right. She was diagnosed with lumbar spine disc bulge and lumbar spine radiculopathy. A recommendation was made for a second opinion spine surgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

SACROILIAC JOINT INJECTION UNDER FLUOROSCOPY: 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), Hip & Pelvis, Sacroiliac joint blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, Sacroiliac joint blocks

Decision rationale: According to the Official Disability Guidelines, sacroiliac joint blocks may be recommended when the history and physical suggest the diagnosis with documentation of at least 3 pertinent orthopedic tests. Additionally, diagnostic evaluation must first address other possible pain generators and the patient needs to have had and failed at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise, and medication management. The clinical information submitted for review indicated that the patient has a diagnosis of radiculopathy related to the lumbar spine which she has been treated for. Her most recent decipherable not indicated that she had tenderness over the SI joints. However, there was no documented positive orthopedic test suggesting sacroiliac joint pain as listed by the ODG. Additionally, the documentation was not clear as to whether the patient has had and failed at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercises, and medication management. For these reasons, the requested service is not supported.