

Case Number:	CM13-0066324		
Date Assigned:	01/03/2014	Date of Injury:	08/20/2012
Decision Date:	04/22/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/16/2013

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 and Rehabilitation, 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 [REDACTED] employee who has filed a claim for low back and leg pain associated with an industrial injury of August 20, 2012. Thus far, the patient has been treated with oral and topical analgesics, muscle relaxants, gabapentin, physical therapy, chiropractic therapy, and injections to the low back. December 11, 2013 note indicates that the patient underwent a cervical epidural injection C7-T1. 10/23/13 note indicates that the patient underwent a lumbar epidural steroid injection L5-S1. The patient underwent an epidurogram L3-4, L4-5, and L5-S1 10/16/13. The patient underwent an SI joint injection on the left on August 14 and August 28, 2013. Of note, patient has had low back surgery in 2005 and reports persistent back pain radiating to the right leg. An August 14, 2013 progress note indicates that the patient has had persistent right lower extremity pain radiating to the toes of the right foot and back pain since the surgery. The patient tries to avoid driving due to numbness in the right lower extremity. Examination revealed that she has tenderness in the lumbar spine and right lateral hip and sciatic notch. She has pain in the right sacroiliac joint with flexion of the right knee. She has pain in the right low back with Patrick's test. Both hips exhibit normal range of motion. Results of a lumbar MRI performed on July 27, 2012 showed degenerative disc changes at multiple levels. Patient has been off work since August 23, 2013 due to low back pain symptoms radiating to the right lower extremity. In a utilization review report of December 05, 2013, the claims administrator denied the request for left sacroiliac joint injection under fluoroscopic guidance with date of services of August 14, 2013 and August 28, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SACROILIAC (SI) JOINT INJECTIONS UNDER FLUOROSCOPIC GUIDANCE, PERFORMED ON AUGUST 14 AND 28, 2013,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Disorders Section, as well as the Low Back Disorders.

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, SI Joint Blocks Section.

Decision rationale: The ODG criteria for SI injections include clinical sacroiliac joint dysfunction, failure of at least four to six weeks of aggressive conservative therapy, and the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings). In this case, the subjective complaints and physical exam findings from the 8/14/13 note are for a right sided SI joint complaint. There are no physical examination findings of the left SI joint to establish that SI joint injections would be medically indicated. In addition, there is no documentation of failure of an aggressive conservative course of care to address left SI symptoms and substantiate the need for interventional pain management. Therefore, the request for left sacroiliac joint injection under fluoroscopic guidance, performed on August 14 and 28, 2013, was not medically necessary or appropriate.