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| Case Number: | CM13-0070668 | | |
| Date Assigned: | 01/08/2014 | Date of Injury: | 04/25/2007 |
| Decision Date: | 04/16/2014 | UR Denial Date: | 12/10/2013 |
| Priority: | Standard | Application Received: | 12/24/2013 |

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 Family Practice has a subspecialty in Preventive 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 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:

This claimant that sustained an industrial fall injury on April 25, 2007 that involved the neck bilateral wrist, left up all, pelvis and left knee. He had a diagnosis of a pelvic fracture, lumbar facet joint pain and lumbosacral radiculopathy. Examination report on November 18, 2013 indicated the claimant had continued low back pain the radiated into the groin regions. His pain medications included fentanyl patch, topical analgesic creams, opioids and NASIDs. His objective findings included: central and bilateral pain in the low back with greater pain twisting to the left then to the right as well as an antalgic gait. An MRI showed L4-L5 - S1 facet arthropathy. There was also a cyst in the mid back region for which an ultrasound was ordered. A request was made on December 10, 2013 for corticosteroid injections in the sacroiliac and right hip joint. There were also orders for x-rays of hips to see if they contribute to the low back pain

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac Joint Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: According to the ACO EM guidelines: invasive techniques such as local injections of cortisone and lidocaine are of questionable merit. Epidural steroid injections may provide for short-term improvement in low back pain and sensory deficits in patients with nerve root compression due to a herniated disc with no significant long-term functional benefit. The request for a sacroiliac steroid injection is not medically necessary as supported by the guidelines

capsular right hip injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 1-400.

Decision rationale: According to the ACOEM guidelines start injections are appropriate for bursitis of the trochanter, hip impingement, hip arthritis, meralgia paresthetica etc. In this case there was no mention or diagnoses matching the guidelines above. As a result the request for capsular right hip injection is not medically necessary