

Case Number:	CM13-0071281		
Date Assigned:	01/08/2014	Date of Injury:	04/16/1995
Decision Date:	04/23/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/27/2013

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:

This is a 61-year-old female with a reported work-related injury on 04/16/1995, and the mechanism of injury was injury to low back while attempting to put a dolly in a truck. Diagnoses were sacroiliitis; compression fracture of thoracic vertebra; mononeuritis and lower extremity radiculitis; post-laminectomy syndrome and status post lumbar fusion L4-5 and L5-S1; status post spinal pump implant; adjustment disorder with mixed features. Conservative treatments have included physical therapy massage therapy, and pain medications. Diagnostic/imaging studies: lumbar MRI in 1995; CT myelogram 1995; lumbar epidural injections on 06/23/1995, which reportedly resolved the symptoms. The patient then underwent additional physical therapy and a lumbar epidural steroid injection on 05/22/1996 with no benefit. The patient has also had a lumbar discogram in 1998, 2 lumbar epidural steroid injections in 1998, as well as a lumbar laminectomy and discectomy at L4-5 on 06/23/1998; radiofrequency with selective block of right L5 and S1 nerve root on 03/12/2001; lumbar fusion anterior and posterior L4-5 and L5-S1 in 08/10/1999 and 08/12/1999; removal of posterior segmental fixation L4-5 and L5-S1 with solid fusion on 03/08/2002; implantation of dual port intrathecal catheter and pump, thoracic entry on 08/18/2004. On 12/03/2013, the patient presented with low back pain, buttock pain, and right leg pain. The visit was also for a pump refill. The patient reportedly had decreased facet pain and sacroiliac on the right. Physical exam revealed TTP at L3-4, L4-5 facets; TTP to the right sacroiliac, and positive Patrick's test.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SACROILIAC JOINT INJECTION, SERIES OF 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 191. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip-SI joint block.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Sacroiliac joint injections (SJI)

Decision rationale: The CA MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines state "Recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy." The request for the right sacroiliac joint injection, series of 3, is non-certified. Although the patient has received prior conservative therapy, there is no evidence that the patient has improved, and reportedly on 10/10/2013, the patient was progressively worsening. However, on physical exam, 12/03/2013, the patient reportedly had decreased facet pain and sacroiliac on the right. The Official Disability Guidelines state that injections are recommended as an option if aggressive therapy has failed over 4 to 6 weeks. The documentation submitted for review indicated that the patient has undergone a regimen of conservative care and currently has a pain pump for pain management. As such, the request is non-certified.