MAXIMUS Federal Services

Case Number:	CM13-0071584		
Date Assigned:	01/08/2014	Date of Injury:	03/08/2000
Decision Date:	06/10/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/30/2013

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, has a subspecialty in Interventional Spine 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 case involves a 55 year-old male who was injred on 3/8/2000. He has been diagnosed with lumbar radiculopathy; lumbar disc degeneration; lumbar discogenic pain; lumbar sprain; and lumbar facet arthropathy. According to the 10/24/13 pain management report from [redacted], the patient presents with 5-8/10 lumbar pain that radiates to the bilateral knees, partially controlled with medications and home exercises. The lower back spasms were unresponsive to conservative treatment. Medications included Methadone; promethazine; Flexeril; meloxicam. He requested a lumbar MRI and bilateral SI joint injections which were denied by UR on 12/3/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE MRI WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: I have been asked to review for a lumbar MRI. Low Back Complaints/ ACOEM states: "Unequivocal objective findings that identify specific nerve compromise on the

neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The patient does not have any neurologic findings suggestive of nerve compromise in the lumbar spine. The request is not in accordance with Low Back Complaints /ACOEM guidelines; therefore the request is not medically necessary.

BILATERAL SACROILIAC JOINT INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation fficial Disability Guidelines, Hip And Pelvis Chapter.

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

Decision rationale: I have been asked to review for a SI joint blocks. MTUS/ACOEM did not discuss SI joint blocks, so ODG guidelines were consulted. ODG guidelines states: "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above)" and lists the exam findings as:" Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH)." The 11/7/13 report does not list any of the SI joint tests as positive. The request is not in accordance with ODG guidelines; therefore the request is not medically necessary.