

Case Number:	CM13-0071751		
Date Assigned:	01/08/2014	Date of Injury:	11/09/2010
Decision Date:	06/05/2014	UR Denial Date:	12/19/2013
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:

The injured worker is a 57 year old male who reported an injury on 1/9/10. The injury occurred when the injured worker was lifting another person onto a gurney. Per the MRI dated 9/24/11, the injured worker had scattered multilevel lumbar spine age-related degenerative joint disease with the left L4-L5 neural foramen moderately compromised. Per the clinical note dated 12/3/13, the injured worker had a radiofrequency ablation of four levels on the left side preformed on 10/30/13 and 10/31/13. The injured worker reported a 50% reduction in pain with only mild achy lower back pain. The injured worker further reported decreasing his pain medications from four per day to one per day with Aleve as needed. Upon physical examination, the injured worker was reported to have full range of motion to the lower back, +2 deep tendon reflexes to bilateral lower extremities, and 5/5 strength to bilateral lower extremities. In addition, straight leg raise was negative bilaterally. Per the operative report dated 6/13/13 the injured worker underwent left-sided transforaminal epidural steroid injection targeting levels L3-L4, L4-L5, and L5-S1 under fluoroscopy. The diagnoses for the injured worker included lumbosacral neuritis not otherwise specified, lumbago, lumbosacral spondylosis, lumbosacral disc degeneration, and disorders of the sacrum.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT-SIDED SACROILIAC (SI) JOINT INJECTION AS AN OUTPATIENT: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule and American College of Occupational and Environmental Medicine Guidelines do not address the request, so alternate guidelines were used. The Official Disability Guidelines state that the patient's history and physical exam should suggest the diagnosis, with documentation of at least three positive exam findings. Diagnostic evaluation must first address any other possible pain generators. This injured worker has had and failed at least 4-6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management. For SI joint dysfunction, there are specific tests for motion palpation and pain provocation. In this case, there is documentation dated 12/3/13 showing negative results for the FABER test and the Gaenslen's Test. There is a lack of documentation regarding whether any other tests were performed. Therefore, the requested left-sided sacroiliac joint injection as an outpatient is not medically necessary or appropriate at this time.