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| Case Number: | CM14-0001358 | | |
| Date Assigned: | 01/22/2014 | Date of Injury: | 11/01/2001 |
| Decision Date: | 05/28/2014 | UR Denial Date: | 12/16/2013 |
| Priority: | Standard | Application Received: | 01/03/2014 |

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 Family Practice 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 56-year-old male whose date of injury is 11/01/2001. The patient reported low back pain after lifting a dock plate weighing 120-200 lbs. The qualified medical exam (QME) dated 12/28/12, indicates that the patient is status post lumbar discectomy in 2002 and lumbar fusion in 2003. He was in physical therapy for his low back when he injured both of his shoulders doing exercises in therapy. The patient underwent surgical intervention for torn rotator cuff on the right in 2004. The patient underwent removal of his spinal hardware in 2009. The progress report dated 08/15/13 indicates that on physical examination, the muscle strength is 5/5 throughout. The deep tendon reflexes are 1/4 bilateral patellae. The sensation is grossly intact. The straight leg raising test is positive on the left at 20 degrees and on the right at 50 degrees. The patient reportedly underwent initial sacroiliac joint injection prior to 10/23/13. He reported significant relief although only for a short time.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT LEFT SACROILIAC (SI) JOINT INJECTION IN THE LUMBAR SPINE:

Upheld

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

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, SACROILIAC JOINT BLOCKS

Decision rationale: There is no current, detailed physical examination submitted for review with documentation of at least three (3) positive exam findings. The patient underwent a prior sacroiliac joint injection. The Official Disability Guidelines require documentation of at least 70% pain relief for at least six (6) weeks prior to the performance of a repeat sacroiliac joint injection. Given the lack of documented adequate relief from the initial injection, as well as lack of current physical examination, the requested repeat injection is not medically necessary.