

Case Number:	CM14-0006419		
Date Assigned:	02/07/2014	Date of Injury:	08/22/2008
Decision Date:	07/11/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/16/2014

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 Occupational 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:

The patient is 40-year-old female who has submitted a claim for right S1 radiculopathy status post right L4-L5 and L5-S1 MLD, chronic pain syndrome and right sacroiliitis associated from an industrial injury date of September 30, 2009. Medical records from 2012-2014 were reviewed, the latest of which dated January 14, 2014 showing that the patient presents with ongoing low back pain rated 7-8/10. She continues to have numbness and tingling in the right upper extremity. She states that Percocet decreases pain, improves her ability to clean the house and decreases her low back pain; Lyrica decreases her pain and improves her ability to bike; and Ambien helps to improve her ability to sleep. She denies side effects from medications. On physical examination, gait is mildly antalgic. There is noted tenderness of the lumbar paraspinals. There is limitation in range of motion of the lumbar spine in all planes, left worse than the right. There is hyperesthesia over the right L4 and L5 dermatomes to pinprick and light touch. There is decreased motor strength in the right tibialis anterior and extensor hallucis longus. Straight leg raise is positive on the left at 40 degrees causing pain to the calf. Slump test is positive on the left. Lasegue test is positive on the left. Faber's test is positive bilaterally. CT scan of the lumbar spine done last November 19, 2010 revealed postsurgical changes at L4 and L5 on the right. MRI of the lumbar spine done last April 4, 2012 revealed degenerative disc disease with postoperative changes and retrolisthesis at L4-L5 with minimal clumping of the nerve roots. Treatment to date has included right L4-L5 microdiscectomy (8/21/09), L5-S1 microlumbar decompression (10/1/10), physical therapy, acupuncture, chiropractic therapy, home exercises, unspecified injections, knee brace, and medications which include Ambien, Pamelor, Lyrica, and Percocet. Utilization review from December 13, 2013 denied the request for Right Sacroiliac Joint Injection Under Fluoroscopic Guidance because there was no documentation of at least three positive tests for right sacroiliac dysfunction in the

most recent physical examination and there was no objective documentation provided to indicate completion of a recent course of physical therapy to validate failure of conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SACROILIAC JOINT INJECTION UNDER FLUOROSCOPIC GUIDANCE:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter, Sacroiliac joint injection.

Decision rationale: As stated on page 309 of the California MTUS American College of Occupational and Environmental Medicine 2nd Edition, sacroiliac joint injections are of questionable merit. In addition, ODG criteria for SI joint injections include clinical sacroiliac joint dysfunction, failure of at least 4-6 weeks of aggressive conservative therapy, and the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings). In this case, sacroiliac joint injection was requested for diagnostic and therapeutic purposes. The most recent clinical evaluation does not document subjective or objective finding to support the diagnosis of right sacroiliitis. Moreover, the injured worker had a recent course of physical therapy; however, the outcome is unknown due to lack of documentation. There is no validation of failure of conservative care. The medical necessity for sacroiliac joint injection was not established. Therefore, the request for Right Sacroiliac Joint Injection Under Fluoroscopic Guidance is not medically necessary.