

Case Number:	CM14-0015498		
Date Assigned:	02/28/2014	Date of Injury:	10/10/2007
Decision Date:	06/30/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/06/2014

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 Orthopedic Surgery, and is licensed to practice in Texas. 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 65-year-old male whose date of injury was 10/10/07. Records indicated that he was injured when the deck he was standing on broke and he fell approximately five to six feet landing on his back on top of a large rock. He felt immediate low back pain. He was treated conservatively but his low back and left leg symptoms did not improve. The injured worker underwent lumbar microdiscectomy on 11/11/07 without significant benefit. He subsequently underwent interbody fusion at L5-S1 on 07/07/12. The injured worker was seen for orthopedic surgical consultation/evaluation by the treating physician on 12/10/13. He presented with chief complaint of low back pain radiating into the hips, buttocks, and left lower extremity. Current medications included; Norco, Prilosec, soma, and Naprosyn. Focused examination of the back revealed balanced and symmetrical gait. Heel and toe walk were normal. Lumbar range of motion was to 70 degrees in flexion and 20 degrees extension. Right and left lateral bend was 30 degrees, and right and left rotation was to 30 degrees. There was tenderness to palpation at left PSIS, left sacroiliac joint, and positive Galeason. Sensory exam was normal to light touch in the right lower extremity, decreased left S1 distribution. Reflexes were 1+ at the bilateral knees and ankles. Motor strength was 5/5 throughout the bilateral lower extremities. Straight leg raise was negative to 90 degrees bilaterally. Faber test was positive on the left. X-rays of the lumbar spine on 10/09/13 revealed post-operative changes at L5-S1 fusion; no halos around screws; no posterior lateral fusion mass. X-rays of the left sacroiliac joint/pelvis on 10/12/13 revealed no significant abnormalities, no osteophytes over sacroiliac joint. Updated CT scan was certified as medically necessary to confirm/rule out symptomatic non-union following prior fusion; however, updated CT scan was not provided. Request for left sacroiliac joint injection was not recommended as medically necessary noting that the pain with stressing the sacroiliac joint could certainly be due to non-union which was suspected in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SACROILIAC JOINT INJECTION UNDER FLUOROSCOPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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, Sacroiliac joint blocks

Decision rationale: The injured worker is noted to be status post L5-S1 instrumented fusion on 07/17/12 followed by post-operative physical therapy. He continues to complain of low back pain radiating to the left lower extremity. Imaging studies revealed post-operative changes at L5-S1, with no evidence of fusion mass. As noted on previous review, the pain with stress of the sacroiliac joint could be due to non-union of the previous fusion. According to the Official Disability Guidelines, sacroiliac joint injections may be an option if the patient has failed at least four to six weeks of aggressive conservative treatment. It appears the injured worker has undergone some physical therapy, but no records were provided documenting the total number of visits, modalities used, and response to treatment, and areas addressed by therapy specifically directed to the low back/sacroiliac joint. The guidelines reflect that there should be at least three positive findings on physical examination indicative of sacroiliac joint dysfunction such as cranial shear test, extension test, flamingo test, Fortin finger test, Gaenslen test, FABER, and pelvic compressive test. Given the current clinical data, the request for left sacroiliac joint injection under fluoroscopy is not indicated as medically necessary.