MAXIMUS Federal Services

Case Number:	CM14-0018628		
Date Assigned:	02/21/2014	Date of Injury:	05/01/2012
Decision Date:	08/07/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/13/2014

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 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 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:

This is a 41-year-old male patient with a 5/1/12 date of injury. The patient presents with right shoulder, neck, and low back pain resulting from a motor vehicle accident. MRI of the cervical spine dated 06/25/12 details at C6-C7 there is a 4mm posterior leftward disc protrusion indenting the cord with moderate canal stenosis and moderate neuroforaminal stenosis. There is a 3mm broad rightward disc bulge/protrusion with mild to moderate canal stenosis and moderate right over left neuralforaminal stenosis at C5-C6. At C4-C5 there is a 2mm rightward disc bulge with moderate right neuralforaminal stenosis. MRI of the lumbar spine dated 06/25/12 shows at L3-L4 there is a 1-2mm disc bulge on the right, with right over left neuralforaminal encroachment and indentation of the thecal sac. At L4-L5 there is a 1-2mm retrolisthesis of L4 on L5, and a 3mm broad right paramedian disc bulge abutting the traversing right L5 nerve with slight central canal narrowing. At L5-S1 there is a 4mm broad rightward disc bulge with ridge and severe right neuralforaminal encroachment and possible right L5 impingement. Operative note dated 10/29/12 notes the patient underwent right shoulder arthroscopy with subacromial decompression and debridement of the partial thickness rotator cuff tear. Operative note dated 3/4/13 notes the patient underwent median nerve branch rhizotomy at L3-5. Office visit dated 08/05/13 notes the patient with complaints of pain in the left shoulder, left elbow, right wrist and low back with left lower extremity symptoms. Medication is noted to decrease pain. The patient notes greater function and improved activity level with medication. Exam shows tenderness of the right shoulder with decreased range of motion (ROM) and weakness as well as spasm in the lumboparaspinal musculature. The diagnoses include status post right arthroscopic subacromial decompression and recurrent right shoulder impingement/labral pathology. There is documentation of a previous 2/3/14 adverse determination because only 2 positive SI joint provocative tests were documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

SI JOINT INJECTION: 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, Sacroliac joint injections) Other Medical Treatment Guideline or Medical Evidence: Joint Bone Spine.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states that sacroiliac joint injections are of questionable merit. In addition, Official Disability Guidelines (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). However, there are no recent medical reports corroborating the diagnosis with at least 3 positive exam findings. There is no evidence of recent attempts at aggressive conservative therapy. Therefore, the request for a Sacroiliac joint injection was not medically necessary.