

Case Number:	CM14-0113954		
Date Assigned:	09/18/2014	Date of Injury:	06/02/1993
Decision Date:	10/21/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/21/2014

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 Physical Medicine & 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 51-year-old female with a reported injury on 06/02/1993. The mechanism of injury was a fall. The injured worker's diagnoses included sciatica, spinal stenosis, lumbar radiculopathy, and sacroiliitis. The injured worker's past treatments included pain medication, physical therapy, and surgery. The injured worker's diagnostic testing included an MRI of the lumbar spine performed on 08/02/2012 which revealed post dorsal fusion at L5-S1, broad based bulging at L4-5 with moderate canal stenosis, and postoperative changes at L5-S1 without evidence of suspected residual recurrent disc herniation. The injured worker's surgical history included laminectomy, spinal fusion, and 360 fusion. The subjective complaints on 06/12/2014 included back pain that caused her to be unable to walk any great distance due to the pain. The physical exam to the lumbar spine noted decreased range of motion due to pain and muscle spasms. Muscle testing noted 5/5 to right and left lower extremities. Reflex testing noted patella reflex was 1/4 and Achilles reflex was 1/4 bilaterally. The straight leg raise test was also done and was noted to be negative bilaterally. Sensation to the lower legs was noted as normal. The injured worker's medications included Skelaxin, methotrexate, Vicodin ES, folic acid, vitamin B12, and hydroxyzine. The treatment plan was to proceed with SI joint injection, refill her medication, and schedule a new MRI. A request was received for MRI of the lumbar spine and SI joint injection. The rationale for the request was not provided. The Request for Authorization form was not provided in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Integrated Treatment/Disability Duration Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, MRIs (magnetic resonance imaging).

Decision rationale: The request for MRI (magnetic resonance imaging) of the lumbar spine is not medically necessary. The Official Disability Guidelines state repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The injured worker has chronic low back pain. The notes indicate that the injured worker has already had an MRI to the lumbar spine performed on 08/02/2012. There were no acute symptoms or findings suggestive of significant pathology to support the use of a repeat MRI. Additionally the specific rationale for the repeat MRI was not provided. As there were no symptoms and/or findings suggestive of significant pathology documented in the notes, the request is not supported. As such, the request is not medically necessary.

SI joint injection: 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): Sacroiliac joint blocks-Hip and Pelvis Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, Sacroiliac joint blocks

Decision rationale: The request for SI joint injection is not medically necessary. The Official Disability Guidelines state sacroiliac joint blocks are recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy. The criteria for the use of sacroiliac blocks are three positive physical exam findings that suggest a diagnosis of sacroiliac joint dysfunction, diagnostic evaluation must first address any other possible pain generators, and blocks are to be performed under fluoroscopy. The patient has chronic low back pain and history of lumbar fusion. The physical exam noted decreased lumbar range of motion along with muscle spasms. There was a lack of physical exam findings suggestive of sacroiliac joint dysfunction. Additionally, there was a lack of clear documentation that the injured worker had failed at least 4-6 weeks of aggressive conservative therapy. Furthermore, the request did not indicate if it would be performed under fluoroscopic guidance. As for the reasons listed above the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

