MAXIMUS Federal Services

Case Number:	CM14-0119844		
Date Assigned:	08/06/2014	Date of Injury:	10/13/1992
Decision Date:	10/03/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/30/2014

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 and 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 patient is a 53-year-old male who has submitted a claim for lumbar sprain associated with an industrial injury date of 10/13/1992.Medical records from 2014 were reviewed. The patient complained of chronic low back pain. The patient described the pain to be moderate to severe located in the lower back and radiated to both his legs with associated tingling and numbness. Pain was rated at 8 out of 10. Physical examination revealed tenderness to palpation at the level of the L4-L5 and L5-S1. Decreased range of motion was also noted. Bilateral lumbar paravertebral muscle spasm, marked stiffness of bilateral hips and knees and severe guarding to deep palpation on bilateral lower extremities was noted. Severe myofascial pain was reproduced on deep palpation of the lumbar paraspinal muscles, as well as pain over spinous processes of L4-L5 and L5-S1 with severe guarding and sharp shooting pain down the posterior aspect of the thigh. Sciatic tenderness was also noted. The patient had positive sacroiliac joint thrust test, Gaenslen's test and Patrick/Fabre test. Valsalva's maneuver and Trendelenberg test bilaterally is positive. MRI dated 08/09/2012 revealed, 1. There is multilevel disc degeneration throughout the lumbar spine most pronounced at L4-L5 and L5-S1. 2. There is a 5-5.5mm broad based posterior disc protrusion/herniation at L4-L5 most pronounced centrally in conjunction with moderate facet joint arthropathy results in severe right greater than left L4-L5 lateral recess stenosis and severe bilateral foraminal encroachment with potential for impingement on the existing L4 or traversing L5 nerves bilaterally. 3. There are bilateral pars interarticularis defects of the L5 vertebrae with a 6mm anterolisthesis of L5 on S1 and 5-6mm broad based posterior disc protrusion resulting in severe left and moderate to severe right L5-S1 foraminal encroachment with potential for impingement on the exiting L5 nerves. 4. 3mm posterior disc protrusions at L2-L3 and L3-L4 are also identified contributing to mild to moderate bilateral recess stenosis and moderate bilateral L3-L4 foraminal encroachment.Treatment to date has included oral

medications, chiropractic care and authorized use of H Wave.Utilization review from 07/30/2014 denied the request for 1 FIRST LEFT SI JOINT INJECTION UNDER FLUOROSCOPIC GUIDANCE because since radiculopathy is clinically suspected, a SI joint injection is not indicated at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FIRST LEFT SI JOINT INJECTION UNDER FLUOROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, HIP AND PELVIS (ACUTE AND CHRONIC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 30. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Sacroiliac Joint blocks

Decision rationale: According to page 309 of the ACOEM Guidelines referenced by CA MTUS, sacroiliac joint injections are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. Official Disability Guidelines criteria for SI joint injections include: clinical sacroiliac joint dysfunction; failure of at least 4-6 weeks of aggressive conservative therapy; and history and physical exam should suggest the diagnosis (with documentation of at least 3 positive exam findings). In this case, the patient is complaining of lower back pain, description of which, as well as the MRI dated 8/09/2012, is suggestive of radiculopathy. Furthermore, there was no objective evidence of failure of conservative therapy to manage pain. The guideline recommends SI joint injections when there is failure of at least 4-6 weeks of aggressive conservative treatment to manage pain. It also states that SI injections are of questionable merit. The medical necessity has not been established because guideline criterion was not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for 1 FIRST LEFT SI JOINT INJECTION UNDER FLUOROSCOPIC GUIDANCE is not medically necessary.