

Case Number:	CM14-0138632		
Date Assigned:	09/05/2014	Date of Injury:	12/27/2013
Decision Date:	10/14/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/27/2014

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 Internal 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:

The injured worker is a 52 year old male who had a work related injury on 12/27/13. Most recent clinical documentation submitted for review was dated 07/24/14. The injured worker presented for follow up of his low back pain, limited range of motion of lumbar spine with numbness and tingling to bilateral legs. He noticed low back pain was exaggerated while standing on uneven surfaces or standing up from a sitting position without the aid of help of the upper torso. Pain was at the level 9/10 most of the time specifically sitting on hard surfaces with radiation to the thigh, patient stated the pain was worse than last exam. The injured worker further stated experiencing pain over the left buttock radiating to posterior lateral aspect of left thigh with numbness and tingling progressively increasing in severity. This was noted recently while standing on uneven surfaces or while climbing up stairs or standing up from seated position. Physical examination revealed weakness along with numbness and tingling in both legs, progressive as injured worker complained of experiencing severity of these symptoms while climbing stairs, long walks activities of daily living and performing home exercise program. Home exercises implied stretching his back and legs to improve flexibility. He also suffered from severe sacroiliac joint inflammation with signs and symptoms of radiculitis/radiculopathy to the posterior and lateral aspect of the thigh. Gaenslen test and Patrick/Fabre were positive, sacroiliac joint thrust demonstrated severely positive on exam. Diagnoses include lumbar musculoligamentous injury, lumbar paraspinal muscle spasms, lumbar disc herniation and radiculitis/radiculopathy of lower extremities, and sacroiliitis. Prior utilization review dated 07/29/14 was non-certified. Current request is for left sacroiliac joint injection under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

First left sacroiliac (SI) joint injection, under fluoroscopy guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 45. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 5th Edition, 2007, Hip & Pelvis Chapter, SI Joint Block

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 chapter, Sacroiliac joint blocks

Decision rationale: The request for the left sacroiliac (SI) joint injection, under fluoroscopy guidance is not medically necessary. The clinical documentation submitted for review does not support the request. Gaenslen test and Patrick/Fabre were positive, sacroiliac joint thrust demonstrated severely positive on exam. Also, there has been no documentation of failed conservative treatment. Therefore, medical necessity has not been established.