

Case Number:	CM14-0173697		
Date Assigned:	10/24/2014	Date of Injury:	06/21/2012
Decision Date:	11/25/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/21/2014

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 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 injured worker is a 31-year-old female who reported an injury on 06/21/2012. The injured worker was loading a set of boxes on a conveyor belt which was backed up, which came down on her. There were too many big boxes and they all over her. She may have slammed her hip into the bay door, where she injured her back, left leg, left hip. The injured worker complained of left hip and back pain. The injured worker had a diagnosis of chronic lower back pain, degenerative lumbar spondylosis, myofascial pain syndrome, pain disorder with psychological and general medical condition, and persistence in chronic pain. The MRI of the lumbar spine dated 05/03/2013 revealed a stable, normal lumbar spine. The MRI of the left hip revealed negative findings. Prior treatments included physical therapy, medication, and injections. Medications include Norco 10/325 and Lidoderm patches. The injured worker rated her pain a 5/10 to 6/10 using the VAS. Objective findings dated 09/18/2014 revealed a positive Patrick's test bilaterally, and chronic, progressive lower back pain. The treatment plan included a left sacroiliac joint injection at the lumbar spine. The request for authorization dated 10/24/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Sacroilac joint injection lumbar spine: 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), Treatment Index, 12 Edition (web) , 2014,Hip and Pelvis- SI joint injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The request for a left sacroiliac joint injection, lumbar spine, is not medically necessary. The CA MTUS/ACOEM state that Invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. The clinical notes dated 09/18/2014 were lacked objective findings for reviewer to get a clear picture. The MRI to the lumbar spine and the hip revealed no abnormal findings. The injured worker has been instructed to continue a home exercise program. The guidelines indicate that invasive techniques are of questionable merit, only provide short term improvement,. As such, the request is not medically necessary.