MAXIMUS Federal Services

Case Number:	CM14-0046033		
Date Assigned:	07/02/2014	Date of Injury:	10/04/2009
Decision Date:	12/18/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/14/2014

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 Pain 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 60-year-old female who reported an injury on 10/04/2009. While the injured worker was working for [redacted] as a downstream mechanical technician, she stated that she was pulling a pallet when one of the straps broke, which caused her to lose her balance and she fell on her back. Right before falling on her back, she hit her head on a metal pole. She fell to the floor on her back. She developed headache, neck pain, and back pain. The body parts injured were head, right eye, neck, and low back. The injured worker treatment history included x-rays, CT scans, medications; she underwent surgery to have retinal detachment repaired, and physical therapy without improvement. The injured worker had undergone an MRI of the lumbar spine that revealed multilevel loss of disc space signal as noted. L2-3 and L3-4 had 2 mm to 3 mm disc protrusions. L4-5 was the key to abnormal level with grade 1 degeneration spondylolistheses, hypertrophic facet, bilateral facet joint fluid, and high grade central canal stenosis. L5-S1 showed mildly prominent facets and there was moderate loss of disc space height at L5-S1. Conus were normal. On 03/10/2014, the injured worker had undergone an MRI of the cervical that revealed multilevel loss of disc space signal. Mild loss of disc space height at both C5-6 and C6-7, both levels showed anterior disc bulging or endplate riding protruding into the precervical soft tissues. Slight cervical lordotic curvature reversal C5-6. C5-6 had 2 mm disc protrusion indenting the thecal sac and probably touching the anterior aspect of the cord. Diagnoses included residual cervical strain with discogenic disease of cervical spine, resolved, and discogenic disease of the lumbar spine with grade 1 spondylolisthesis at L4-5 and with right sciatic radiculopathy and with spinal stenosis. On 03/05/2014, the injured worker had undergone a right SI injection. On 03/19/2014, the injured worker complained of ongoing low back pain and neck pain for the last 4 years. Right leg radiating symptoms. The injured worker uses a lumbar brace. On the physical examination, it was noted recurrent bilateral

tenderness over SI joints. The provider noted that the injured worker had a followup after the right SI injection, which gave her only 20% relief with ongoing leg symptoms. There was pain on the left SI joint post injection. However, the provider noted there was great relief from right SI injection. Radiated to the left upper extremity, right upper extremity, and right leg. The pain was rated at 7/10 on the pain scale. The treatment plan include the patient had undergone a right sacroiliac injection with significant temporary relief, apparent recurrent pain at 50% base with on mass contralateral sacroiliac joint pain. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral S1 Joint Injection.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip and Pelvis.

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, Intra- Articular steroid hip injection.

Decision rationale: The request for a decision for the bilateral sacroiliac joint injection is non-certified. The Official Disability Guidelines (ODG) recommend a joint injection under fluoroscopy as an option if failed at least 4 weeks to 6 weeks of aggressive conservative therapy. There was lack of evidence to identify sacroiliac dysfunction of the injured worker. The provider noted the injured worker's conservative care; however, the outcome measurements were not submitted for this review. It was noted the injured worker had received prior injections; however, there were no long term functional goals of improvement indicated for the injured worker. There was lack of documentation of failed conservative care such as physical therapy, home exercise regimen or medications. Given the above, the request for the bilateral sacroiliac joint injection is not medically necessary.