

Case Number:	CM14-0054136		
Date Assigned:	07/07/2014	Date of Injury:	06/09/1988
Decision Date:	08/29/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/23/2014

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 Anesthesiology has a subspecialty in Occupational Medicine and is licensed to practice Texas. 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 76 year old male who sustained an injury to his low back on 06/09/88 while performing his usual and customary duties as a jackhammer operator. Clinical note dated 06/09/14 reported that the injured worker stated that his pain gradually developed since 1986. The injured worker was surgically treated with anterior approach lumbar level (L4) through S1 fusion and laminectomy for spondylolisthesis with pars defect. The injured worker reportedly received sacroiliac joint injection and lumbar epidural steroid injections in the past. The injured worker reported current medications kept pain down to some point. The injured worker had chronic chronic obstructive pulmonary disease (COPD) therefore, because of his lung condition, he could not exercise due to dyspnea, but he was able to relax by reading books, watching TV, and listening to music. Physical examination noted pain at 6-8/10 on the visual analogue scale (VAS) in the cervical spine radiating to the right shoulder; pain with range of motion extension, right lateral flexion; range of motion reduced in all fields; bilateral upper extremities sensation and grip intact; motor strength intact; radial pulses palpable, equal, and regular; thenar and hypothenar muscles showed no sign of atrophy. The injured worker was diagnosed with chronic pain and cervicalgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac joint injection under ultrasound or fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <http://www.odg-twc.com/odgtwc/hip.htm>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sacroiliac Joint Injections Page(s): page 46.

Decision rationale: The request for left sacroiliac joint injection under ultrasound or fluoroscopic guidance is not medically necessary. Previous request was denied on the basis that the clinical information provided was not support treatment outside of the guidelines, which do not support treatment with sacroiliac joint injections in the absence of objective findings consistent with sacroiliitis. The CAMTUS states that in the treatment or therapeutic phase, the interventional procedure should be repeated only as necessary judging by medical necessity criteria and these should be limited to maximum six times for local anesthetic and steroid blocks for a period of one year. No information was submitted indicating the patient's response to previous sacroiliac joint injections. The injured worker cannot participate in a home exercise program based on his chronic obstructive pulmonary disease (COPD). Physical examination did not note special testing procedures provocative for sacroiliac joint dysfunction. Given this, the request for left sacroiliac joint injection under ultrasound or fluoroscopic guidance is not indicated as medically necessary.