

Case Number:	CM14-0057703		
Date Assigned:	07/09/2014	Date of Injury:	02/07/2011
Decision Date:	09/08/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/28/2014

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 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 55 year old male who sustained an injury to his low back on 02/07/11 due to repetitive bending/pulling. MRI of the lumbar spine dated 03/16/11 revealed degenerative disc changes and central canal bulge at L4-5 right clinical note dated 02/06/13 reported that the patient stated he had a history that was significant for previous "arthroscopic" surgery of the low back approximately 25 years prior. Bone scan dated 10/08/13 revealed subtle asymmetric increased activity in the left sacroiliac joint in comparison to the right. Electrodiagnostic studies dated 10/15/13 revealed right L5 nerve root irritation. Treatment to date included physical therapy, facet injections and epidural steroid injections that failed to provide any significant relief. Progress report dated 03/20/14 noted that the injured worker continued to complain of low back pain with radicular symptoms in his right leg down to the right calf and foot. The injured worker had approximately 12 visits of physical therapy. Physical examination noted antalgic gait; restricted range of motion in the lumbar spine; forward flexion 20 degrees, extension 5 degrees with pain, lateral bending to the right 5 degrees caused increased discomfort; 4/5 motor strength; positive straight leg raise at 70 degrees right; no other motor or sensory deficits; Achilles/patellar reflexes equal and normal; tenderness to the right of midline in the lumbar spine plain radiographs at L4-5 and L5-S1 on this date revealed some degenerative changes L4-5 and L5-S1, but no severe degeneration or spondylolisthesis, instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint injection: 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)- Chapter: Hip & Pelvis (Acute & Chronic) Sacroiliac joint blocks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sacroiliac Joint Injections Page(s): 345.

Decision rationale: The request for right sacroiliac joint injection is not medically necessary. Previous request was denied on the basis that the most recent exam findings failed to provide specific testing for motion palpation of pain provocation suggestive of sacroiliac joint dysfunction. Furthermore, recent evidence of initiation of subsequent failure with recommended conservative care such as physical therapy was not provided to warrant the requested procedure. There was no indication that special testing maneuvers provocative for sacroiliac joint this far had been performed on recent physical examination. Given this, the request for right sacroiliac joint injection is not indicated as medically necessary.