

Case Number:	CM14-0061787		
Date Assigned:	07/09/2014	Date of Injury:	08/22/2008
Decision Date:	08/14/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	05/02/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 40-year-old female who reported an injury on 08/22/2008, due to an unknown mechanism of injury. The injured worker complained of low back pain that radiated down to the top of her right foot and big toe. On 04/10/2014, the physical examination revealed that the injured worker ambulated with a mildly antalgic gait. She had mild tenderness to palpation of the lumbar paraspinals. Her range of motion of the lumbar spine was decreased in all planes; however, the left was worse than the right. The lower extremity deep tendon reflexes were rated 5/5. She had hyperesthesia in the L4 and L5 dermatomes to pinprick and light touch. She also had a positive straight leg raise on the left, positive Lasegue's on the left, positive FABER test bilaterally, and a positive facet challenge. On 01/13/2014, an MRI of the lumbar spine revealed a broad-based disc bulge of L4-5 with small central protrusion seen at axial 23, with slight narrowing of the right lateral recess without neural foraminal narrowing and minimal broad-based bulge at L5-S1 seen at axial 28 with facet arthropathy, but without canal stenosis or neural foraminal narrowing. The injured worker had a diagnoses of right S1 radiculopathy, status post right L4-5 and L5-S1 MLD, chronic pain, and right sacroilitis. The injured worker's past treatment methods included medication therapy and epidural steroid injections. The injured worker's medications included Pamelor 25 mg, docuprene, Ambien 5 mg, Lyrica 150 mg, omeprazole, Percocet, and nortriptyline HCL 25 mg. There was no rationale or request for authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacral 1 (S1) joint injection under fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hips & Pelvis, Sacroiliac Blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip, Sacroiliac joint blocks.

Decision rationale: The request for right sacral 1 (S1) joint injection under fluoroscopic guidance is not medically necessary. The injured worker had a history of low back pain. The Official Disability Guidelines state that sacroiliac joint blocks are recommended as an option if the patient has failed at least 4-6 weeks of aggressive conservative therapy including PT, has documentation of at least 3 positive exam findings, diagnostic evaluation must first address any other possible pain generators, blocks must be performed under fluoroscopy, and if steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least greater than 70% pain relief recorded for this period. The injured worker had a positive FABER test bilaterally on the most recent physical examination. However, that was the only evident finding that correlated with the sacroiliac joint block criteria. The guideline recommends at least 3 findings. In addition, there is no documentation that the injured worker has failed aggressive conservative therapy. Given the above, the request for right sacral 1 (S1) joint injection under fluoroscopic guidance is not medically necessary.