

Case Number:	CM14-0075287		
Date Assigned:	07/18/2014	Date of Injury:	08/17/2010
Decision Date:	10/08/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/23/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 49 year-old individual was reportedly injured on August 17, 2010. After a thorough review of the medical records, the mechanism of injury was not evident. The most recent progress note, dated March 27, 2014, indicates that there are ongoing complaints of low back pain with radiation into the bilateral lower extremities. Also noted is tenderness the cervical spine with a reduced range of motion. The physical examination demonstrated tenderness to palpation of the cervical spine musculature, a weakened grip strength bilaterally, elbow tenderness and a positive Tinel's sign at the cubital tunnel. A positive straight leg raising is noted but a normal gait pattern is reported. Diagnostic imaging studies were not presented for review in this narrative. Previous treatment includes sacroiliac joint injections, steroid injections, multiple oral medications, physical therapy and other conservative interventions. A request had been made for a sacroiliac joint injection and was not certified in the pre-authorization process on April 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SI JOINT INJECTION UNDER FLUOROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As outlined in the ACOEM guidelines, sacroiliac joint steroid injections are recommended as treatment option for patients with a specific known cause for sacroiliitis. However, there is no objectification of this diagnosis by any clinical measure noted. Furthermore, the presenting complaint of low back pain with radiation to both lower extremities and the physical examination support a radiculopathy. As such, the pain generator is unclear and the clinical indication for repeat injections has not been presented. Therefore, this request is not medically necessary.