

Case Number:	CM14-0085870		
Date Assigned:	07/23/2014	Date of Injury:	11/13/1997
Decision Date:	08/27/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/09/2014

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 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 49-year-old male with a reported date of injury on 11/13/1997. The mechanism of injury was not provided within the documentation available for review. His diagnoses included post laminectomy syndrome lumbar spine, degeneration of lumbar disc, and displacement of lumbar intervertebral disc without myelopathy, lumbago, lumbar radiculitis radiculopathy, sacroiliitis, and myositis. Previous conservative care included 6 sessions of aquatic therapy, spinal cord stimulator, epidural steroid injections, physical therapy, and activity modification. Diagnostic studies were not provided within the documentation available for review. Surgical history included revision of spinal cord stimulator, and fluoroscopic examination with moderate conscious sedation provided. Other surgical history includes L4-S1 fusion. Upon physical examination, the lumbar spine revealed extension to 10 degrees and flexion to 35 degrees, limited range of motion in all directions. In addition, there was tenderness with palpation over the bilateral lumbar paraspinal musculature. The sensory exam revealed reduced sensation bilateral L4 and L5 dermatomes. Reflexes were 2+. The injured worker's medication regimen included Avinza, Norco, and Soma. The rationale for the request was not provided within the documentation available for review. The Request for Authorization for right SI joint injection was submitted on 06/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right SI joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Sacroiliac Joint Injections (SJI).

Decision rationale: The Official Disability Guidelines recommend sacroiliac joint injections as an option if failed at least 4 to 6 weeks of aggressive conservative therapy. The clinical information provided for review indicates the injured worker has previously participated in 6 aquatic therapies and has been recommended for 6 additional sessions. There is a lack of documentation related to the results or failure of aggressive conservative therapy. Therefore, the request for right SI joint injection is not medically necessary.