

Case Number:	CM14-0087624		
Date Assigned:	07/23/2014	Date of Injury:	01/16/2007
Decision Date:	09/29/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/11/2014

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 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 48 year old female who sustained an injury to her low back on 01/16/07 while lifting mats from the floor, she injured her low back. It was reported that the injured worker subsequently underwent multiple pain interventions with very little improvement including epidural steroid injection. The injured worker underwent lumbar discogram and was diagnosed with L5-S1 discogenic pain. The injured worker underwent lumbar anterior/posterior fusion at L5-S1 in March 2008. The injured worker had persistent pain in the low back, but with hardware injection got relief and subsequently the hardware was removed in April 2009, but she stated that her pain actually got worse after hardware removal. The injured worker has since then been seen by a pain management doctor and been trialed on multiple medications. Magnetic resonance image of the lumbar spine without and with contrast dated 04/11/14 revealed 7 mm central disc protrusion at L3-4 with moderate central canal stenosis; 5 mm central disc protrusion at L4-5 with mild central canal stenosis; anterior interbody fusion of L5-S1. The clinical note dated 06/12/14 reported that the injured worker continues to complain of low back pain. An appeal request for bilateral sacroiliac (SI) joint injections was made. Physical examination noted 2 paraspinal incisions; mildly tender lumbar spine over the left border; bilateral SI joints mild to moderately tender, right more than left; range of motion full, exception extension, which is decreased slightly; no pain reported with range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral S1 Joint Injections, per report dated 4/17/14 QTY: 2.00: 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): Hip & Pelvis (updated 03/25/14): Sacroiliac Joint Blocks; Hansen, 2003.

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

Decision rationale: The 04/17/14 progress report noted that the injured worker complained predominantly of low back pain, but also stated having some foot pain, now instead of on the right, on left of the bottom of the feet. Fortin finger test was positive and resisted thigh abduction testing was positive bilaterally; Faber's was also noted to be positive. There was no reflex, motor strength or sensory deficit. Treatment plan included repeat sacroiliac (SI) steroid injection and continuation of current medications. The California Medical Treatment Utilization Schedule states that in the treatment or therapeutic phase, the suggested frequency would be 2 months or longer between each injection, provided that at least greater than 50% relief is obtained for 6 weeks. In the treatment or therapeutic phase, interventional procedures should be repeated only as necessary judging by the medical necessity criteria. Given this, the request for bilateral SI joint injections is not indicated as medically necessary.