

Case Number:	CM14-0091237		
Date Assigned:	07/25/2014	Date of Injury:	12/23/2009
Decision Date:	08/29/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/17/2014

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 52-year-old female who reported an injury on 12/23/2009; reportedly while working at [REDACTED], she slipped on an orange peel landing on her left side experiencing pain on the left side of her body, particularly over the low back and left lower extremity. The injured worker's treatment history included MRI, epidural steroid injection, surgery, and medications. On 03/04/2014, the injured worker was evaluated and it was documented that the injured worker complained of discomfort, stiffness, pain, and feeling of weakness in the left knee. Physical examination revealed there was moderate paraspinal spasm in the lumbar region. She walked with a mild limp using a cane. Range of motion of the lumbar spine, lumbar flexion was 50 degrees, lumbar extension was 20 degrees, straight leg raise test on the left was positive, and straight leg raise test on the right was positive. Lumbar left/right lateral bending was 20 degrees. The injured worker had undergone MRI of the right knee on 04/29/2014 that revealed impression of patellofemoral moderate chondromalacia, osteoarthritis of the medial femoral condyle, small to moderate joint effusion, menisci and ligaments intact. However, the MRI results were not submitted for review. The injured worker had undergone an MRI of the lumbar spine on 09/20/2012 that revealed L5-S1 circumferential disc bulge and slight central protrusion with mild to moderate bilateral foraminal narrowing without significant interval change. At L4-5, there was a 2 mm broad based central disc protrusion and mild bilateral foraminal narrowing which was unchanged. There was L3-4 central and left lateral disc bulge with moderate left foraminal narrowing which was unchanged. There was no new disc protrusion, central canal stenosis, or significant foraminal stenosis identified. Lumbar left/right lateral bending was 20 degrees. Diagnoses included degenerative arthritis, low back; chronic lumbosacral strain; degenerative arthritis, left knee, status post total knee replacement; and

internal derangement, right knee. A Request for Authorization or rationale was not submitted for this review.

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 ODG, Low Back; Sacroiliac joint injections.

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

Decision rationale: The request for a decision for the right sacroiliac joint injection is non-certified. The Official Disability Guidelines (ODG) recommend a joint injection under fluoroscopy as an option if failed at least 4 weeks to 6 weeks of aggressive conservative therapy. There was lack of evidence to identify sacroiliac dysfunction of the injured worker. The provider noted the injured worker's conservative care; however, the outcome measurements were not submitted for this review. It was noted the injured worker had received prior injections; however, there were no long term functional goals of improvement indicated for the injured worker. Given the above, the request for the right sacroiliac joint injection is non-certified.