

Case Number:	CM14-0098218		
Date Assigned:	07/28/2014	Date of Injury:	02/10/2006
Decision Date:	08/28/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/26/2014

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 Orthopedic Surgery 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:

This is a 54-year-old, female, who sustained a vocational injury when lifting a wheelchair on 02/10/06. The medical records provided for review document a diagnosis of status post lumbar fusion times two, lumbar radiculopathy, cervical radiculopathy, cervical myofascial complaints consistent with a sprain/strain, psychological issues, chronic pain syndrome, and right sacroiliitis. The report of the office visit on 05/22/14 noted complaints of ongoing back pain and that the claimant had a transforaminal epidural steroid injection on 05/13/14 with approximately twenty percent pain relief for about seven to eight hours. The claimant is known to utilize a single point cane for support and ambulation. Physical examination revealed that her gait was mildly antalgic with the use of a cane, she had tenderness to palpation to the thoracic and lumbar paraspinals, lumbar paraspinal spasm was noted, and range of motion of the thoracic and lumbar spine was decreased in all planes. She had decreased sensation to the right L5 and S1 dermatomes. Motor exam showed 4+/5 for the right quadriceps, hamstrings, tibial anterior, extensor hallucis longus (EHL), inversion, plantarflexion, and eversion. She had 5-/5 for the left aforementioned motions. She had tenderness to palpation over the lumbar facets and a positive facet challenge. She had straight leg raise to the right at 60 degrees that produced pain to the foot. She had positive slump test bilaterally. Conservative treatment to date was documented to include Gabapentin, Norco, OxyContin, formal physical therapy, acupuncture, transcutaneous electrical nerve stimulation (TENS) unit, and a bilateral transforaminal epidural at the L3 and L4 nerve roots. This request is for bilateral sacroiliac joint injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroiliac Joint Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter, Sacroiliac Joint Blocks.

Decision rationale: The ACOEM Guidelines recommend that invasive techniques, such as injections, be of questionable merit. The Official Disability Guidelines recommend that there should be a minimum of three positive exam findings, which can help specifically differentiate pathology at the sacroiliac joint. Documentation presented for review fails to identify at least three diagnostic factors to support the diagnosis of sacroiliitis and subsequently the request for bilateral sacroiliac joint injections cannot be supported. The documentation also fails to establish that there has been a recent course of continuous, aggressive, conservative treatment prior to recommending considering injection therapy. Therefore, based on the documentation presented for review and in accordance with Official Disability Guidelines the request for the bilateral sacroiliac joint injections cannot be considered medically necessary.