

Case Number:	CM13-0006196		
Date Assigned:	03/12/2014	Date of Injury:	11/20/2011
Decision Date:	04/22/2015	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/02/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old male, who sustained an industrial injury on 11/20/11. He reported injury to the right shoulder, low back, and bilateral knees. The injured worker was diagnosed as having sacroiliac joint dysfunction; foraminal stenosis, multilevel. Treatment to date has included MRI left knee (4/29/13); status post bilateral knee arthroscopies (2012); physical therapy; medication. Per PR-2 note dated 4/8/13, the injured worker complains of low back pain, right shoulder pain and bilateral knee pain. The provider is recommending a spine specialist for the lumbar pain and additionally retroactive authorization of SI joint blocks for the bilateral lumbar spine; x-rays of the lumbar spine, and a MRI lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

SI joint block bilateral of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC 2013 Hip and Pelvis.

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 (Acute & Chronic) Sacroiliac joint blocks.

Decision rationale: Criteria for consideration of a sacroiliac joint injection includes that other possible pain generators have been addressed through diagnostic evaluation. In this case, additional imaging was requested at the same time as the sacroiliac joint injections. Without having completed the claimant diagnostic evaluation, the criteria for a sacroiliac joint injection was not met and the request was therefore not medically necessary.

X-Rays of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, 2013, Low back, Lumbar and Thoracic, Radiography (X-rays).

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-Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays).

Decision rationale: The claimant sustained a work-related injury in November 2011 and continues to be treated for shoulder, knee, and low back pain. When seen by the requesting provider, there was positive straight leg raising on the right with reproduction of radicular symptoms. FABERE and Shear testing was positive bilaterally. Authorization for additional testing was requested as well as for bilateral sacroiliac joint injections. Applicable criteria for obtaining a lumbar spine x-ray are trauma or if there are 'red flags' such as suspicion of cancer or infection. In this case, there is no identified acute injury or 'red flag' and therefore the lumbar spine x-ray is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, 2013, Low back - Lumbar and Thoracic: MRI's (magnetic resonance imaging).

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-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant sustained a work-related injury in November 2011 and continues to be treated for shoulder, knee, and low back pain. When seen by the requesting provider, there was positive straight leg raising on the right with reproduction of radicular symptoms. FABERE and Shear testing was positive bilaterally. Authorization for additional testing was requested as well as for bilateral sacroiliac joint injections. Applicable criteria for

obtaining an MRI would include a history of trauma with neurological deficit, when there are 'red flags' such as suspicion of cancer or infection, or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified 'red flags' that would support the need for obtaining an MRI scan, which therefore, was not medically necessary.