

Case Number:	CM13-0030265		
Date Assigned:	11/27/2013	Date of Injury:	11/23/1992
Decision Date:	03/03/2015	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/30/2013

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: Maryland

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

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 53 year old male with a date of injury of November 23, 1992. Results of the injury include back pain with bilateral lower extremity numbness and tingling. Diagnosis include status post L4-S1 fusion, multilevel lumbar facet arthropathy, L2-L3 and L3-4 bilateral foraminal stenosis, status post C5-6 fusion with adjacent segment disease at C4-5 and C6-7, failed low back surgery syndrome, chronic high dose opiate use, chronic depression, chronic pain, and left S1 joint dysfunction. Treatment has included authorization for aquatherapy, methadone, OxyContin, Lyrica, and Senna. Medical imaging was not provided. Progress report dated August 26, 2013 showed there was tenderness with palpation of the cervical paraspinals and upper trapezius bilaterally. There was decreased flexion and extension of the cervical spine. There was decreased sensation of the right C8 dermatome. Spurling's maneuver to the left or the right reproduced contralateral upper trapezius pain. The left hip showed positive tenderness to palpation over the S1 joint. There was a positive Fortin test and FABER test. Work status was noted as Semi-sedentary. The treatment plan included a left sacroiliac joint injection, lumbar spine bone scan, and medications. Utilization form dated September 13, 2013 non certified 1 left sacroiliac (S1) joint to the low back due to noncompliance with ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LEFT SACROILIAC (SI) JOINT TO THE LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis

Decision rationale: 1 left sacroiliac (SI) joint to the low back is not medically necessary per the ODG. The MTUS Guidelines do not specifically address SI injections. Diagnostic evaluation must first address any other possible pain generators. The documentation indicates that the a bone scan was ordered to evaluate for possible pseudoarthrosis. The documentation does not indicate the results from this bone scan and how it may change treatment. The guidelines recommend addressing other pain generators prior to considering sacroiliac joint injections. Therefore the request for 1 left sacroiliac (SI) joint to the low back is not medically necessary.