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| Case Number: | CM14-0188016 | | |
| Date Assigned: | 11/19/2014 | Date of Injury: | 02/04/2011 |
| Decision Date: | 01/07/2015 | UR Denial Date: | 10/29/2014 |
| Priority: | Standard | Application Received: | 11/11/2014 |

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 Physical Medicine & 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 24-year-old male with a date of injury of 02/04/2011. His mechanism of injury was not included in the medical records. His relevant diagnoses were lumbar radiculopathy, sacroiliac pain, lumbar pain, and sprain/strain of the left knee. His past treatments included physical therapy, home exercise program, and H-Wave treatment. His diagnostic studies included an MRI of the lumbar spine. His surgical history included a left knee arthroscopy on 06/22/2011. The clinical note dated 10/07/2014 noted the patient reported numbness and tingling to his left hand and foot. The physician noted the injured worker was awaiting a sacroiliac joint injection. On 11/18/2014, the injured worker had complaints of difficulty sleeping, lower back pain radiating to the left thigh, and increased lower back pain with walking and bending. Upon physical examination the injured worker had mild muscle spasms and tenderness over the left lumbar spine, painful flexion to 30 degrees, and painful extension to 0 degrees. Straight leg raise was painful at 30 degrees to both legs, with pain in the lower back. His medication regimen included Percocet 325/10, Trazodone 100 mg, Motrin 2 to 3 per day, and AneCream. There was no rationale for the request listed in the medical records. The Request for Authorization form was dated 11/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

S1 Joint injection (left): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & pelvis, Sacroiliac joint blocks

Decision rationale: The request for S1 joint injection is not medically necessary. The documentation indicated the injured worker had increased pain in his lower back with difficulty sleeping, and Norco was not helping him. The injured worker had lower back pain which was radiating to his left thigh and increased lower back pain with walking and bending. The Official Disability Guidelines recommend sacroiliac joint injections for patients with a history and physical examination which suggests a diagnosis of sacroiliac joint dysfunction with documentation at least 3 positive exam findings. There should be evidence that the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including physical therapy, a home exercise and medication management. There is a lack of documentation demonstrating hip pain and dysfunction within the medical records. The documentation did not indicate the patient has positive provocative testing indicative of hip dysfunction. The requesting physician did not include a recent assessment of the left hip. Additionally, the submitted request is for a left S1 injection; therefore, clarification would be needed. As the medical record does not support the request, the request for S1 joint injection, left, is not medically necessary.