

Case Number:	CM14-0201803		
Date Assigned:	12/12/2014	Date of Injury:	01/08/2013
Decision Date:	01/31/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/02/2014

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, has a subspecialty in Interventional Spine 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 patient is a 31 year old female with the injury date of 01/08/13. Per physician's report 09/15/14, the patient has lower back pain, radiating down her lower extremity. "She does not feel that she is ready to return to light duty. She frequently has to change positions due to her pain." The patient is taking Tramadol, Brinellix, Vistaril, Naprosyn, omeprazole, ultracet, glucosamine hydrochloride, a TENS unit, Icyng/ cold, capsaicin patches and multiple other topical pain medications. Her back flexion is 45 degrees, extension is 15 degrees, bilateral bending to the right and left is between 50-75% normal. There is tenderness over the lumbar spine and paralumbar region, right greater than left. The lists of diagnoses are: 1) Chronic low back pain from spondylosis and anterior subluxation and instability at L5-S1, thought to be due to spondylolysis of pars intrarticularis of L5 and mild early DDD at L5-S1 2) Possible bilateral sacroilitis 3) Insomnia secondary to pain 4) Depression secondary to her injury Per 08/15/14 progress report, the patient has low back pain without radiating symptoms in her legs. The patient had an evaluation with [REDACTED] and she is recommended some exercise therapy and pars blocks. Per 05/11/14 progress report, "MRI of the lumbar spine from 06/07/13 demonstrated bilateral L5 spondylolisthesis and a light slip in L5-S1. EMG/ nerve conduction study was negative for lumbar radiculopathy. CT lumbar myelogram revealed evidence of pars defect, which is probably the source of nerve irritation." The utilization review determination being challenged is dated on 11/24/14. Treatment reports were provided from 06/03/14 to 09/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 Injections to the Sacroiliac Joint: 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, Online Edition Hip & Pelvis Chapter

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 Chapter under Sacroiliac joint injections (SJI).

Decision rationale: The patient presents with pain in her lower back. The request is for 5 injections to the sacroiliac joint. Official Disability Guidelines (ODG) guidelines, Low Back Chapter under SI joint injections states: " Treatment: There is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block. ODG further states that, "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed.." "*Diagnosis: *Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH)." The review of the reports does not show the patient has had prior SI joint injection. The utilization review denied the request of SI injections because "there was a lack of documentation on the physical examination of at least 3 positive findings to support SI joint injections." The patient likely failed conservative care, including physical therapy, but three positive diagnostic tests for SI joint dysfunction criteria have not been documented. Furthermore, the request is for 5 injections and the guidelines do not support repeat injections unless pain and functional improvements are demonstrated. The request does not meet guideline indications; therefore it is not medically necessary.