MAXIMUS Federal Services

Case Number:	CM15-0144526		
Date Assigned:	08/05/2015	Date of Injury:	09/10/2014
Decision Date:	09/02/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/27/2015

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 29-year-old male who sustained an industrial injury on 9-10-14 involving a lifting incident when he felt a pop and burning in the back resulting in low back pain. He was medically evaluated, given medication and physical therapy was started. He had an MRI. He currently complains of constant lumbar spine pain with a pain level of 9 out of 10; new right sided low back pain; left leg pain radiating down the leg into the great toe; bilateral pain over buttocks radiating to the posterior and lateral aspect of bilateral thighs with numbness and tingling. On physical exam, there was tenderness with palpation of the lumbar spine and discomfort with range of motion and with deep palpation muscle spasms were noted; he has a positive Gaenslen and Patrick Fabre tests, positive sacroiliac joint thrust and pain on palpation of the sacroiliac joints. Medications were ibuprofen, metaxalone, naproxen, Norco, gabapentin. Diagnoses include lumbosacral sprain, strain; sciatica, neuralgia or neuritis of sciatic nerve; chronic low back pain; lumbar stenosis, radiculopathy, retrolisthesis. Treatments to date included physical therapy without benefit; acupuncture without benefit; transcutaneous electrical nerve stimulator unit increased pain; medication; home exercise program. Diagnostics include electromyography (3-30-15) of the lower extremities was negative for lumbosacral radiculopathy; MRI (11-14-14) low back with positive findings. In the progress note dated 6-11-15 the treating provider's plan of care includes a request for bilateral sacroiliac joint injection starting on the left side based on the progressive radiculitis, radiculopathy to the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacrioliac joint injection (start with left): Overturned

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), Hip and Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip & Pelvis (Acute & Chronic) Sacroiliac joint blocks.

Decision rationale: The claimant sustained a work-related injury in September 2014 and is being treated for bilateral buttock and radiating low back pain. He was seen for an initial pain management evaluation on 06/22/15. His injury occurred when a strap holding a 150-pound box broke and he was struck by the box and stepped backwards with a pop in the left greater than right low back. Treatments had included physical therapy, acupuncture, and medications with limited improvement. There was positive Gaenslen, Fabere, and sacroiliac joint thrust testing bilaterally. Criteria for the use of sacroiliac blocks include a history of and physical examination findings consistent with a diagnosis of sacroiliac joint pain and after failure of conservative treatments. Requirements include the documentation of at least three positive physical examination findings. In this case, the mechanism of injury is consistent with a diagnosis of sacroiliac joint mediated pain. Prior conservative treatments have been of limited benefit. Three positive physical examination findings are documented bilaterally. The criteria are met and the requested injection is considered medically necessary.