

Case Number:	CM15-0160832		
Date Assigned:	08/27/2015	Date of Injury:	02/19/2014
Decision Date:	09/30/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/17/2015

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 59 year old female who sustained an injury on 2-19-14 that resulted from cumulative trauma from 9-10-10 to 2-19-14. She developed severe back pain while bending over performing cleaning duties. Diagnostic tests included Electrodiagnostic studies bilateral lower extremities, X-rays lumbosacral spine, and an MRI of the lumbar spine was performed on 10-17-14 which reveals a 2 mm disc protrusion at L1-2 that is contacting the traversing left L2 nerve root. Treatment included rest, oral medications, physical therapy, chiropractic care, work and diagnostic lumbar facet medical branch injection on 5-7-15. Work restrictions included no lifting over 40 pounds; avoid repetitive bending greater than 30 minutes per hour; avoid prolonged squatting activities greater than 30 minutes per hour. Diagnoses are Persistent lumbago, Lumbosacral sprain, strain; L1-2 lumbar disc herniation and Rule out lumbar facet syndrome L4-5, L5-S1. An examination on 6-22-15 reports that since the MRI dated 10-17-14 the IW has noted significant progression of the same symptoms. The lumbar epidural steroid injection along with physical therapy and chiropractic treatment did not provide any significant benefit. The physical exam of the lumbar spine reveals significant lower back pain and spasm. The IW has symptomatic left L2 radiculopathy manifested by back pain radiating into the left leg with numbness in the anterolateral thigh. It was suggested to obtain another MRI lumbar spine. The Qualified Medical examination from 6-27-15 reports that the IW is not a lumbosacral surgical candidate, and recommends physical therapy, acupuncture, and use of non-narcotic medications on a chronic basis. Current requested treatment: Left sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: The claimant has a history of a cumulative trauma work injury with date of injury in February 2014. Treatments have included diagnostic lumbar facet blocks and radiofrequency ablation is being planned. She had been unable to tolerate oral medications and there had been no benefit with topical treatments. When requested, she was having radiating low back pain into the left lateral thigh distal to the knee. Physical examination findings included left sacroiliac joint tenderness and pain with sacroiliac joint compression. There was positive left straight leg raising and decreased hip flexion strength. There was left knee joint tenderness with intermittent popping. Imaging and electrodiagnostic testing results were reviewed. Authorization was requested for a left sacroiliac joint injection. 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, only a single positive sacroiliac joint test is documented and the claimant does not have a history of injury or surgical procedure that supports a diagnosis of a sacroiliac joint injury or pain due to the sacroiliac joint. The above criteria are not met and the requested sacroiliac joint injection is not medically necessary.