

Case Number:	CM15-0180231		
Date Assigned:	09/22/2015	Date of Injury:	02/22/2012
Decision Date:	10/30/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/14/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 55 year old female who sustained an industrial injury February 22, 2012. Past history of knee surgery (unspecified). According to a neurosurgeons report dated June 11, 2015, the injured worker presented for back pain located from the mid-back to the sacrum and described as frequent burning pain in the right buttock, posterior lateral thigh, and calf. She reports that back pain accounts for 90% of her pain and left-sided sciatica for 10%. Past treatment included physical therapy and chiropractic treatment. Physical examination revealed; able to heel and toe walk, squat and stand without assistance; lumbar- normal range of motion in flexion, extension, and lateral rotation left and right; straight leg test negative bilaterally; thoracolumbar spine non-tender to palpation. The physician documented he reviewed MRI's of the lumbar spine (reports present in the medical record) from August 29, 2014 and February 25, 2015, both demonstrating T12 compression fracture with approximately 50% maximum height loss. The current study demonstrates no residual bone marrow signal abnormality consistent with chronicity; otherwise she has mild multilevel lumbar degenerative disc disease, but there are no areas of significant disc herniation, canal or foraminal stenosis seen at any level. Plain x-rays of the lumbar spine from June 2, 2015, demonstrate the T12 fracture, but otherwise alignment is normal with no instability. She was referred to interventional pain management for evaluation and treatment. According to a physician's initial consultation dated August 24, 2015, the injured worker presented for evaluation of her ongoing lower back and right lower extremity pain. Objective findings included; heel and toe walk normal; no limited range of motion in the lumbar spine; FABER and pelvis compression tests are positive; tenderness noted over the sacroiliac spine. Diagnoses are sacroiliac arthropathy;

lumbar spine pain; lumbar radiculopathy. At issue, is the request for authorization for sacroiliac joint injection, bilateral. An MRI of the thoracic spine dated March 4, 2015 (report present in the medical record) impression is documented as old compression fracture of T12 vertebral body, unchanged from previous study, no acute fracture seen; thoracic spondylosis without central spinal stenosis or cord compression; mild narrowing of the right T10-11 neural foramen. According to utilization review dated September 1, 2015, the request for Sacroiliac Joint Injection, Bilateral is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac joint injection bilateral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Assessment, General Approach, Medical, Physical Examination, Diagnostic Criteria, Initial Care, Physical Methods, Special Studies, Surgical Considerations. Decision based on Non- MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Sacroiliac Blocks.

Decision rationale: Regarding the request for sacroiliac joint injections, guidelines recommend sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The criteria include: history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Within the documentation available for review, there is no indication of at least three positive examination findings suggesting a diagnosis of sacroiliac joint dysfunction and failure of conservative treatment directed towards the sacroiliac joint for at least 4-6 weeks. Additionally, it is unclear whether all other possible pain generators have been addressed. In the absence of clarity regarding these issues, the currently requested sacroiliac joint injections are not medically necessary.