

Case Number:	CM15-0191667		
Date Assigned:	10/05/2015	Date of Injury:	04/11/2002
Decision Date:	11/13/2015	UR Denial Date:	09/19/2015
Priority:	Standard	Application Received:	09/29/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 58 year old male, who sustained an industrial injury on 4-11-02. The injured worker was diagnosed as having congenital spondylolisthesis. Treatment to date has included status post lumbar discectomy - fusion (2007); physical therapy; SI joint injection (7-8-15); medications. Currently, the PR-2 notes dated 7-23-15 indicated the injured worker complains of significant problems in his back. His pain today is predominantly in his right sacroiliac and hip joint area. Examination by the provider notes "exquisite tenderness in his right sacroiliac joint. Pelvic impression tests refer some immediate pain to the right SI joint. Straight leg raising test on the right reproduces sacroiliac pain, left reproduces some pack pain only. Motor examination was felt to be normal in all major muscle groups of the lower extremities. Sensory examination was normal to light touch. Quadriceps reflexes were 1-2+ and symmetrical. Achilles' reflexes were 0-1+ and symmetrical. No pathologic reflexes were evident. Hip range of motion was full bilaterally. No groin or thigh pain was experienced upon range of motion of the hips. Active voluntary range of motion of the thoracolumbar spine was limited. The patient was able to forward flex to approximately 45 degrees and extend to 10 degrees before experiencing low back pain. Lateral bending was limited to 15 degrees in either direction. Previous injection into the SI joint proved to be of tremendous value reducing his pain greater than 50% for a number of weeks." A Request for Authorization is dated 9-29-15. A Utilization Review letter is dated 9-19-15 and non-certification for Retrospective review of Drain, Inject, Joint, Bursa for (low back), and date of service 7-8-15. A request for authorization has been received for Retrospective review of Drain, Inject, Joint, and Bursa for (low back), date of service 7-8-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Drain, Inject, Joint, Bursa for (low back), DOS 07/08/15:

Overtaken

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip end Pelvis Chapter, Sacroiliac injections, therapeutic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip chapter and pg 20.

Decision rationale: According to the guidelines, SI/hip injections are recommended for those with bursitis but not arthritis. In this case, the claimant had reproducible tenderness consistent with bursitis. The claimant had prior benefit with the injections. The request for another SI injection is appropriate.