

Case Number:	CM15-0194568		
Date Assigned:	10/08/2015	Date of Injury:	06/25/2004
Decision Date:	11/19/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/05/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 51 year old female, who sustained an industrial injury on 6-25-04. The documentation on 8-24-15 noted that the injured worker has complaints of left sided back and buttocks pain with left lower extremity pain, numbness and tingling. There is tenderness across the lumbar spine with well healed incision. Sensation is intact to light touch. The diagnoses have included post lamy; stenosis; sacroiliac joint inflames and disorder of sacrum. Treatment to date has included physical therapy. The documentation on 8-24-15 noted that the injured worker last physical therapy was about three years prior. The documentation noted that the injured worker has had nerve tests that have come back normal. Lumbar spine X-rays showed pedicle fixation L5-S1 (sacroiliac) with pedicle screws, which appear to be in good position in the interbody space at l5-S1 (sacroiliac) with what appears to be a solid fusion. Magnetic resonance imaging (MRI) of the lumbar spine on 11-19-14 showed interbody fusion at l5-S1 (sacroiliac), the report mentions foraminal stenosis on the left at L4-5 with a disc protrusion at this level. The original utilization review (9-8-15) non-certified the request for left joint injection. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left S1 joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis section, Sacroiliac joint injection.

Decision rationale: Pursuant to the Official Disability Guidelines, left SI joint injection is not medically necessary. Sacroiliac injections therapeutic are not recommended for sacroiliac intra-articular or periarticular maladies noninflammatory sacroiliac pathology. In this case, the injured workers working diagnosis is persistent low back pain with left lower extremity pain, numbness, tingling and weakness status post lumbar fusion, sacroiliitis bilaterally. Date of injury is June 25, 2004. Request for authorization is August 31, 2015. According to an August 26, 2015 progress note, subjective complaints include ongoing left back pain and buttock pain with radiation to the left lower extremity. The injured worker status post L5-S1 posterior lumbar interbody fusion. The injured worker still has ongoing pain despite surgery. Pain is 10/10 at varying times. Objectively, there is decreased range of motion at the waist with tenderness to palpation at the lumbar paraspinals. Motor strength is 5/5 and there is tenderness to palpation at the bilateral SI joints. The guidelines do not recommend SI joint injections. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, and guideline non-recommendations for therapeutic or diagnostic SI joint injections, left SI joint injection is not medically necessary.