

Case Number:	CM15-0205329		
Date Assigned:	10/22/2015	Date of Injury:	05/03/2002
Decision Date:	12/03/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/20/2015

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 73 year old male, who sustained an industrial-work injury on 5-3-02. He reported initial complaints of lumbar pain. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, unspecified-lumbar sprain, lumbar disc disease, lumbar facet syndrome. Treatment to date has included medication, home exercise program (HEP), prior ESI (epidural steroid injections) in 2002 (no relief) and on 7-20-15 (70% relief), physical therapy, chiropractic therapy, and hot packs. MRI results were reported on 2-20-15 of the lumbar spine noted 4 mm circumferential disc bulge protrusion at L4-5 with abutment of the descending L5 nerve roots bilaterally and abutment of the exiting right and left L4 nerve roots; at L5-S1 there is a 4 mm circumferential disc protrusion resulting in abutment of the descending S1 nerve roots bilaterally and abutment of the exiting right and left L5 nerve roots. Currently, the injured worker complains of low back pain rated 4 out of 10 that is described as decreased and little to no pain in the left leg. Prior epidural injection eased pain and he had ability to walk longer and move after the procedure. Pain had been at 7-8 out of 10. Medication is Oxycodone. Per the orthopedic report on 8-21-15, exam noted difficulty with heel-toe walk, tenderness with spasm of the lumbar spine, positive facet tenderness over L3-S1 spinous process, positive bilateral piriformis tests, sacroiliac tests, positive Kemp's, seated straight leg raise, positive Farfan test bilaterally, and decreased range of motion. Current plan of care includes bilateral sacroiliac joint injections. The Request for Authorization requested service to include Bilateral sacroiliac joint injection. The Utilization Review on 10-12-15 denied the request for Bilateral sacroiliac joint injection, per Official Disability Guidelines, Hip and Pelvis, Sacroiliac injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis, Sacroiliac injections.

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 injections, diagnostic.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2002 when, while operating a leaf blower, he tripped on a cement border and fell backwards. Treatments included epidural injections, medications, and physical therapy with exercises. An MRI of the lumbar spine in February 2015 included findings of multilevel disc protrusions. He underwent bilateral L4/5 and L5/S1 transforaminal epidural injections in July 2015. When seen in August 2015 there had been a 70% improvement after the injections. His pain had decreased from 7-8/10 to 4-5/10. He had decreased bilateral leg pain and was having low back pain. Physical examination findings included a wide based gait. There was lumbar spinous process and facet tenderness. Sacroiliac joint and piriformis testing was positive bilaterally. Kemp's and Farfan tests were also positive bilaterally. There was decreased lumbar range of motion. Authorization for bilateral sacroiliac joint blocks was requested with consideration of radiofrequency ablation. Prior treatments references are physical therapy, chiropractic care, medications, rest, and at-home exercises. Diagnostic sacroiliac injections and lateral branch nerve blocks and/or dorsal rami blocks, for example, in anticipation of radiofrequency neurotomy, are no longer recommended as there is no further definitive treatment that can be recommended based on any diagnostic information potentially rendered. The requested procedure is therefore not medically necessary.