

Case Number:	CM15-0212224		
Date Assigned:	11/02/2015	Date of Injury:	02/19/2010
Decision Date:	12/15/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/28/2015

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 50 year old female, who sustained an industrial injury on 2-19-2010. The injured worker was being treated for L4-5 (lumbar 4-5) disc degeneration, residual L5 paresthesias bilaterally, status post L5-S1 (lumbar 5-sacral 1) transforminal lumbar interbody fusion in 2013, status post L4-5 and L5-S1 anterior lumbar interbody fusion in 7-2014, and pseudoarthrosis L5-S1. The injured worker (8-25-2015) reported ongoing back pain radiating into the buttocks. She rated her pain as 8 out of 10 with medications and 10 out of 10. She reported difficulty with bathing, dressing, walking, and climbing stairs. The physical exam (10-6-2015) revealed tenderness to palpation around the L3 Lumbar 3) region and over the hardware at the left L4-S1. The treating physician noted increased pain at the L3-4 level with extension and lateral bending and improved pain with flexion. The injured worker (10-6-2015) reported ongoing back pain radiating into the anterior thighs to the shins. She rated her pain as 8 out of 10 with medications and 10 out of 10. She reported difficulty with bathing, dressing, standing, sitting, walking, and negotiating stairs. The physical exam (10-6-2015) revealed tenderness to palpation over the paraspinal regions at L4, centrally just above the well-healed midline lumbar spine incision, and the left sacral iliac joint. The treating physician noted no tenderness over the right sacral iliac joint and increased pain with extension bending to the right and left, and improved pain with flexion. The treating physician noted positive posterior thigh thrust bilaterally, pelvic distraction bilaterally, and right pelvic compression. Per the treating physician (8-25-2015 report), a CT scan of the lumbar spine (8-25-2015) revealed a solid fusion at L4-5 and L5-S1. Per the treating physician (10-6-2015 report), x-rays of the lumbar spine (10-6-2015)

showed the L4-S1 cage and anterior hardware in good position without loosening or fracture, the posterior pedicle screws on the left from L4-S1 without loosening or fracture, progressive posterior fusion L4-S1 on the right, and mild disc height loss abdomen facet arthropathy L2-3 (lumbar 2-3). Treatment has included lumbar facet blocks at bilateral L3-4, hardware block over the left L4 and S1 pedicle screws, trigger point injections, and pain medication. Per the treating physician (10-6-2015 report), the injured worker has not returned to work. The requested treatments included 2 right sacroiliac joint block with arthrogram. On 10-21-2015, the original utilization review non-certified a request for 2 right sacroiliac joint block with arthrogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Outpatient right sacroiliac joint block with arthrogram: 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, Medical, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip chapter and pg 20 and pg 8, low back chapter and pg 36.

Decision rationale: According to the ODG guidelines, hip injections are recommended only for bursitis not for osteoarthritis. The ACOEM guidelines does not recommend invasive procedures due to their short term benefit. Arthrograms are only recommended for suspected labral tears. The claimant had a recent hardware block in the lumbar spine as well. In addition, blocks are not indicated in areas of fusion. The request for the SI block is not medically necessary.