MAXIMUS Federal Services

Case Number:	CM15-0214299		
Date Assigned:	11/06/2015	Date of Injury:	07/09/2012
Decision Date:	12/24/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/30/2015

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, North Carolina
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:

This 47 year old man sustained an industrial injury on 7-9-2012. Diagnoses include bilateral shoulder pain, bilateral knee pain, and lumbar spine sprain. Treatment has included oral medications and surgical interventions. Physician notes dated 10-2-2015 show complaints of low back pain rated 10 out of 10 and increasing bilateral shoulder pain, and bilateral knee pain. The physical examination shows an antalgic gait, no edema, normal strength in the extremities, negative clonus bilaterally, and spasms and guarding is noted at the lumbar spine. Recommendations include bilateral sacroiliac joint injections, arthrogram, fluoroscopic guidance, intravenous sedation, Eszopiclone, Orphenadrine, and follow up in four weeks. Utilization Review denied requests for bilateral sacroiliac joint injections, arthrogram, fluoroscopic guidance, and intravenous sedation on 10-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SI 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 Chapter, Sacroiliac Injections-diagnostic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) HIp (SI joint blocks).

Decision rationale: The request is for bilateral SI joint injections. The claimant had recent lumbar surgery (6/30/2015) and is in the subacute phase of healing from the anterior/posterior fusion at L4-L5. Guidelines require at least 3 positive exam findings to meet criteria for SI injection. In this case, on physical examination no positive tests for SI joint arthropathy are found. The claimant is noted to have "good" range of motion and minimal muscle spasm. Thus the request is not medically necessary or appropriate.

Arthrogram with fluoroscopic guidance and IV sedation: 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 Chapter: Sacroiliac Injections-Diagnostic, Magnetic Resonance Imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip (SI joint blocks).

Decision rationale: This request for the arthrogram with fluro and IV sedation is made in conjunction with the request for SI joint injection. Since the medical necessity of the SI joint injection has not been established, the request for radiographic studies with fluro and IV sedation are no longer medically necessary. Therefore the request is not medically necessary or appropriate.