

Case Number:	CM15-0035549		
Date Assigned:	03/04/2015	Date of Injury:	02/01/2013
Decision Date:	11/03/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/25/2015

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 63 year old male, who sustained an industrial injury on February 01, 2013. The injured worker was diagnosed as having cervical spondylolisthesis with degenerative bulging disc at multiple levels of the spine, neck pain and stiffness, low back pain with lumbosacral muscle pain, degenerative bulging disc at lumbar four to five and lumbar five to sacral one with facet joint arthritis of the lumbar spine, and low back pain with cervical radiculitis and lumbar radiculitis. Treatment and diagnostic studies to date has included status post cervical epidural steroid injection performed on December 02, 2014, therapy, medication regimen, x-rays, magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the lumbar spine, acupuncture, and chiropractic therapy. In a progress note dated December 01, 2014 the treating physician reports complaints of constant pain to the neck and the low back with spasm sensation that radiates to the left side of the cervico-dorsal region between the shoulder blades especially the left shoulder blade, along with numbness and tingling to the left upper extremity and radiating pain to the left gluteal, poster-lateral thigh, and the calf area along with numbness, tingling, weakness, feeling of extremity giving way, and cramping sensation to the left lower limb. Examination performed on December 01, 2014 was revealing for slow arising from chair, inability to heel and toe walk, decreased sensation to the left lower limb, tenderness to the lumbar spine, tenderness to the lumbar paraspinal muscles, tenderness to the sciatic notch with the right greater than the left, and decreased range of motion to the lumbar spine with pain. In a progress note dated November 17, 2014 the treating physician noted constant pain to the left low back that was rated a 9 on a scale of 0 to 10 along with an

examination that was revealing for positive Faber's testing and positive thigh thrust testing on the left. The progress note from February 10, 2014 noted magnetic resonance imaging of the lumbar spine performed on February 25, 2013 that was revealing for compression of the superior endplate at lumbar two with uniform signal indicating chronic fracture; lumbar three to four disc space with early desiccation and narrowing of the lateral recesses bilaterally; lumbar four to five disc space desiccation, central disc protrusion with ventral narrowing of the spinal canal, posterior annular tear, narrowing of the lateral recess bilaterally, separation of the facet joint with joint arthritis; lumbar five to sacral one disc space desiccation with central disc protrusion, ventral narrowing of the spinal canal, and narrowing of the lateral recesses bilaterally. On November 17, 2014 the treating physician requested a left sacroiliac injection noting positive Faber's and thigh thrust testing on the left, positive magnetic resonance imaging results, and disc bulge. On February 16, 2015 the Utilization Review determined the request for left sacroiliac injection to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac injection: Overturned

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 (Acute and Chronic).

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 joint blocks.

Decision rationale: The claimant sustained a work injury in February 2013 and is being treated for injuries sustained as the result of a motor vehicle accident. When seen, treatments had included physical therapy, acupuncture, and medications. He had pain rated at 9/10. Physical examination findings included positive left Fabere, thigh thrust, and distraction testing. Authorization was requested for a left sacroiliac joint injection. Criteria for the use of sacroiliac blocks include a history of and physical examination findings consistent with a diagnosis of sacroiliac joint pain and after failure of conservative treatments. Requirements include the documentation of at least three positive physical examination findings. In this case, the mechanism of injury is consistent with possible sacroiliac joint pain. There are three positive physical examination findings documented and the claimant has had prior conservative treatment. The requested sacroiliac joint injection is considered medically necessary.