

Case Number:	CM14-0140597		
Date Assigned:	09/10/2014	Date of Injury:	10/09/2013
Decision Date:	10/14/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55 year old male who reported an injury on 10/09/2013 due to changing car seats in a company car. The injured worker was diagnosed with lumbar/thoracic radiculopathy and lumbago. The injured worker was treated with medications, physical therapy, and an epidural steroid injection. The injured worker had an unofficial MRI, which was abnormal at L4-5 and L5-S1; date not provided. On the clinical note dated 07/15/2014, the injured worker complained of radiating low back pain down the right anterior thigh and medial calf to the instep. Physical examination revealed restricted lumbar range of motion, positive bilateral lumbar facet loading, positive straight leg raise on the right, and a positive FABER test. Tenderness was noted over the sacroiliac spine. The treatment plan included a right sided sacroiliac joint injection and a lumbar epidural injection. The injured worker had an epidural steroid injection on 08/14/2014 to the L4-5 level. The injured worker was prescribed aspirin 81mg, naproxen 500mg, and Strattera 60mg; frequency not provided. The rationale for the request was not provided. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

S1 Joint Injection on right side: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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, Sacroiliac joint blocks

Decision rationale: The request for S1 Joint Injection on right side is not medically necessary. The injured worker is diagnosed with lumbar/thoracic radiculopathy and lumbago. The injured worker complained of radiating low back pain down the right leg. The Official Disability Guidelines state sacroiliac joint blocks are recommended as an option if the injured worker has had and failed at least 4-6 weeks of aggressive conservative therapy. The diagnostic evaluation must first address any other possible pain generators. The history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings. The medical records provided indicate the injured worker was recommended for an epidural steroid injection and sacroiliac joint injection. There is a lack of documentation to evaluate the injured worker's response from the epidural steroid injection received and rule out other possible pain generators. The injured worker reported physical therapy did not help. There is a lack of documentation to verify at least 4-6 weeks of therapy were completed. The physical examination findings included a positive FABER test. The guidelines state there must be documentation of at least 3 positive examination findings. Based on this information, the request is not supported. As such, the request for S1 Joint Injection on right side is not medically necessary.