

Case Number:	CM14-0154216		
Date Assigned:	09/23/2014	Date of Injury:	07/13/1994
Decision Date:	11/20/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/22/2014

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 Occupational Medicine, and is licensed to practice in Hawaii & 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:

This case is a 63 year old female with a date of injury on 7/13/1994. A review of the medical records indicate that the patient has been undergoing treatment for spinal stenosis, lumbar degenerative disc disease. Subjective complaints (6/20/2014, 7/18/2014) include "left buttock pain" and "low back pain" that is rated 6-9/10 with radiation to left leg. Objective findings (7/18/2014) include diffuse tenderness to L5-S1, "positive left distraction, compression, patricks, and faberes test", and decreased range of motion of lumbar spine. Treatment has included medications, lumbar epidural steroid injections (7/2013), bilateral sacroiliac joint injections (8/13/2014) with 50% improvement, and home exercise program. A utilization review dated 9/9/2014 non-certified the following: -Bilateral SI (sacroiliac) joint injection with anesthesia under fluoroscopic guidance due to no documented failure of conservative therapy-X-rays with produce

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 8/13/14) Bilateral SI (sacroiliac) joint injection with anesthesia under fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis updated 3/25/14, sacroiliac joint blocks criteria for use

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Sacroiliac joint injections (SJI), Hip and Pelvis - Sacroiliac joint blocks

Decision rationale: ACOEM writes, "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." The medical documents indicate that the patient is on home therapy, but details on the home exercise route were not presented. Additionally, the medical records reviewed do not indicate if physical therapy was attempted, the length of therapy and the results of therapy. The treating physician did not establish that "aggressive" conservative therapy was attempted for 4-6 weeks. As such, the request for Retrospective (DOS: 8/13/14) Bilateral SI (sacroiliac) joint injection with anesthesia under fluoroscopic guidance is not medically necessary.

Retrospective (DOS: 8/13/14) X-rays with produce: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays)

Decision rationale: ACOEM and ODG both agree that "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks." The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags for serious spinal pathology or other findings suggestive of the pathologies outlined in the ODG guidelines. ODG additionally states that "it may be appropriate when the physician believes it would aid in patient management". The treating physician also does not indicate how the x-ray would "aid in patient management". The treating physician does not indicate any concerns for the ODG pathologies. Additionally, the medical records indicate that the X-ray was to be performed in conjunction with the sacroiliac injections. The requested injection was determined to be not medically necessary, thus the X-ray is not necessary. As such, the request for Retrospective (DOS: 8/13/14) X-rays with produce is not medically necessary.