

Case Number:	CM15-0011575		
Date Assigned:	01/29/2015	Date of Injury:	09/03/2013
Decision Date:	03/25/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/21/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old male who sustained an industrial injury on 09/03/2013. The current diagnoses include low back pain, left sacroiliac joint dysfunction versus lumbar facet syndrome, thoracic lumbar strain, myofascial pain syndrome, muscle spasms, right shoulder pain, and chronic pain syndrome. Treatments to date include medications, chiropractic treatments, and exercise program. Report dated 12/12/2014 noted that the injured worker presented with complaints that included chronic low back pain and right shoulder pain. The physician noted that the MRI of the lumbar spine that was performed on 10/31/2013 showed L4-L5 facet arthroplathy and L5-S1 disk protrusion with displacement of the left S1 nerve root as well as facet arthropathy. The utilization review performed on 01/07/2015 non-certified a prescription for left sacroiliac joint injection with steroid and MRI of the thoracic spine based on medical necessity. The reviewer referenced the California MTUS ACOEM and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left SI Joint Injection With Steroid: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Hip and Pelvis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip and Pelvis chapter on Sacroiliac Joint Injections

Decision rationale: This patient presents with low back and right shoulder pain. The treater is requesting LEFT SI JOINT INJECTION WITH STEROID. The RFA dated 01/05/2015 shows a request for left SI joint injection with steroid. The patient's date of injury is from 09/03/2013, and his current work status is permanent and stationary. The MTUS and ACOEM Guidelines do not address sacroiliac joint injections, however, ODG Guidelines under the Hip and Pelvis chapter on Sacroiliac Joint Injections recommends SI joint injections as an option if the patient has 3 positive exam findings for SI joint syndrome; diagnostic evaluation have addressed other possible pain generators; at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercises, and medication management. The records do not show any previous left SI joint injection with steroid. The 12/12/2014 report shows that the patient has utilized chiropractic treatment, physical therapy, and medication in the past. The examination shows a positive FABERE's test, positive pelvic compression test, and a positive Gaenslen's test. In this case, the patient has met that criteria based on the ODG guidelines for SI joint injection. The request IS medically necessary.

MRI of Thoracic Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Hip and Pelvis

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: This patient presents with low back and right shoulder pain. The treater is requesting an MRI OF THE THORACIC SPINE. The RFA dated 01/05/2015 shows a request for MRI thoracic. The patient's date of injury is from 09/03/2013, and his current work status is permanent and stationary. The ACOEM Guidelines page 177 to 178 list the criteria for ordering imaging studies which include emergency of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior surgery or procedure. ACOEM further states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence toward imaging studies if symptoms persist. The records do not show any previous MRI of the thoracic spine. The examination from the 09/17/2014 report showed tenderness to palpation from T12 to L5. Range of motion of thoracic spine reveals flexion at 30 degrees, rotation 20/20 degrees. Neurological and sensory examinations are normal. Distal vascular status is intact. He walks with a stiff-back gait. In this case, the patient's examination does not show any neurological or sensory deficits in the thoracolumbar spine that will warrant the need for an MRI. The request IS NOT medically necessary.

