

Case Number:	CM15-0016544		
Date Assigned:	02/04/2015	Date of Injury:	09/09/2010
Decision Date:	03/31/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/28/2015

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 70-year-old female who reported an injury on 09/09/2010. The mechanism of injury involved a fall. The current diagnoses include sacroiliitis and avascular necrosis. The injured worker presented on 01/19/2015 for a followup evaluation. It was noted that the injured worker had been previously treated with physical therapy, medication, and lumbar epidural steroid injections. The injured worker reported low back pain with radiation into the right lower extremity causing occasional numbness and tingling in the bilateral feet. The injured worker ambulated with a cane for assistance. It is also noted that the injured worker is status post right L4-5 foraminotomy on 10/09/2014. There has been an improvement in some of the injured worker's low back pain and radicular pain; however, the injured worker has ongoing left shoulder pain with avascular necrosis of the left shoulder following a humerus fracture. The injured worker has radiating shoulder pain across the right side of the waist and buttock, which is worse with sitting and difficulty crossing one leg over the other. The current medication regimen includes hydrocodone and oxycodone. Upon examination, there was tenderness to palpation over the right sacroiliac joint, positive faber test on the right, negative straight leg raise, moderate lumbar spasm, positive finger Fortin test, and positive Gaenslen's maneuver. The treatment recommendations at that time included a right sacroiliac joint injection. A Request for Authorization form was then submitted on 01/20/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right SI (Sacroiliac) injection MAC: 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

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 Chapter, Sacroiliac joint block.

Decision rationale: The Official Disability Guidelines recommend a sacroiliac joint block when the History and Physical examination suggests the diagnosis with evidence of at least 3 positive findings. There should also be documentation of a trial and failure of at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise, and medication management. In this case, there is documentation of at least 3 positive findings upon examination. However, there is no documentation of a trial and failure of 4 to 6 weeks of aggressive conservative therapy. It is noted that the injured worker has been treated with physical therapy, medications, and lumbar epidural steroid injections. However, there is no indication that this injured worker has been conservatively treated for the right sacroiliac joint/hip. Therefore, the medical necessity has not been established in this case. As such, the request is not medically appropriate.

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing, general.

Decision rationale: The Official Disability Guidelines state the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. In this case, there was no documentation of a significant medical history or any comorbidities to support the necessity for preoperative clearance. Additionally, the injured worker's right sacroiliac joint injection procedure has not been authorized. Therefore, the associated request is not medically necessary.

Labs: CBC, CMP, UA, PT/PTT, EKG, THS chest x-ray, 2D echo, stress cardiolite, carotid duplex scan: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing, general.

Decision rationale: The Official Disability Guidelines state the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. In this case, there was no documentation of a significant medical history or any comorbidities to support the necessity for preoperative clearance. Additionally, the injured workers right sacroiliac joint injection procedure has not been authorized. Therefore, the associated request is not medically necessary.