

<b>Case Number:</b>	CM15-0120156		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	07/11/2008
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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 57 year old male, who sustained an industrial injury on 7/11/2008. The injury was sustained while operating a hydraulic jack. Treatment to date has included surgery, steroid injection, therapy and medication management. The injured worker was diagnosed as having left shoulder surgery in 2014, low back surgery in 2014, probable left rotator cuff tear, right elbow contusion, post lumbar decompression with dura leak, left knee sprain, insomnia, depression and bowel incontinence. The injured worker underwent a lumbar MRI (magnetic resonance imaging) on 2/13/2015 that showed disc degeneration, a L4-5 seroma and bilateral foraminal stenosis. Left hip x-rays on 2/20/2015 showed moderate degenerative changes of the left hip. In a progress note dated 6/8/2015, the injured worker complains of continuous left shoulder pain with numbness and tingling, low back pain with left calf tingling and cramping and left knee pain, popping, swelling and feeling of instability. Physical examination showed left shoulder rotator cuff tenderness, positive impingement sign, right elbow tenderness, lumbosacral tenderness and left knee tenderness. The treating physician is requesting computed tomography myelogram or magnetic resonance imaging of the lumbar spine with contrast and a left steroidal sacral 1 joint injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT myelogram or MRI of the lumbar spine with contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), myelography, low back-lumbar and thoracic (acute and chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Complaints, Imaging, pages 303-304.

**Decision rationale:** Guidelines states criteria for CT myelogram to include preoperative planning if MRI is unavailable or in patient with previous surgery. Although the patient is s/p lumbar surgery in 2012, submitted reports documented recent MRI of the lumbar spine in February 2015 without significant pathology from post surgical findings to support for the CT myelogram. Additionally, there were no reports of acute red-flag indicators or acute clinical changes to repeat the diagnostic study in a patient without progressive neurological deficits or new injury. Criteria for the imaging study have not been met. The CT myelogram or MRI of the lumbar spine with contrast is not medically necessary and appropriate.

**Left steroidal S1 joint injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), hip and pelvis (acute and chronic) sacroiliac joint blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip Chapter, SI Joint, pages 263-264.

**Decision rationale:** ODG note etiology for SI joint disorder includes degenerative joint disease, joint laxity, and trauma (such as a fall to the buttock). The main cause is SI joint disruption from significant pelvic trauma. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Although SI joint injection is recommended as an option for clearly defined diagnosis with at least 3 positive specific tests for motion palpation and pain provocation for SI joint dysfunction, none have been demonstrated on medical reports submitted. It has also been questioned as to whether SI joint blocks are the diagnostic gold standard as the block is felt to show low sensitivity, and discordance has been noted between two consecutive blocks (questioning validity). There is also concern that pain relief from diagnostic blocks may be confounded by infiltration of extra-articular ligaments, adjacent muscles, or sheaths of the nerve roots themselves. Submitted reports have not clearly defined symptom complaints, documented specific clinical findings or met the guidelines criteria with ADL limitations, failed conservative treatment trials, or functional improvement from treatment previously rendered for this chronic injury of 2008. The Left steroidal S1 joint injection is not medically necessary and appropriate.

