

Case Number:	CM15-0128501		
Date Assigned:	07/14/2015	Date of Injury:	08/18/2009
Decision Date:	09/22/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/02/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 35 year old female who sustained an industrial injury on August 18, 2009. The worker was found to be permanent and stationary in 2013. A primary treating office visit dated May 11, 2015 reported subjective complaint of low back pain with associated numbness extending into the left buttock and down the anterior and posterior thigh and down to the foot. Current medications were: OxyContin 60mg, Oxycodone 15mg. She was prescribed Gabapentin 300mg. Objective assessment noted sensation decreased over the left L4, L5, and S1 dermatome distribution. The following diagnoses were applied: status post left L5-S1 laminectomy and removal of hardware; bilateral sacroiliac joint dysfunction; status post L4-5 total disc arthroplasty and L5-S1 anterior and posterior fusion; disc degeneration L4-5, L5-S1; lumbar stenosis L4 through S1; lumbar grade I spondylolisthesis L4-5 and L5-S1, and post-operative left L-5 radiculopathy. Of note, she had trialed Lyrica and a spinal cord stimulator in the past without good effect. There is recommendation to prescribe Gabapentin. There is noted discussion regarding the sacroiliac joints being a major source of pain and therefore there is recommendation to administer bilateral sacroiliac joint blocks with arthrogram. Furthermore, if the block is diagnostic and the radiofrequency ablation failed then consider a sacroiliac joint fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sacroiliac Joint Block with arthrogram: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SI joint injections.

Decision rationale: The California MTUS and the ACOM do not specifically address the requested service. The ODG only recommends SI joint injections when there has been documented failure of aggressive conservative therapy for 6 weeks and the physical exam shows clear signs that the etiology of the pain is the SI joint. The provided medical records for review do not meet these criteria and therefore the request is not medically necessary.

Left Sacroiliac Joint Block with arthrogram: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SI joint injections.

Decision rationale: The California MTUS and the ACOM do not specifically address the requested service. The ODG only recommends SI joint injections when there has been documented failure of aggressive conservative therapy for 6 weeks and the physical exam shows clear signs that the etiology of the pain is the SI joint. The provided medical records for review do not meet these criteria and therefore the request is not medically necessary.