MAXIMUS Federal Services

Case Number:	CM15-0129791		
Date Assigned:	07/16/2015	Date of Injury:	08/10/2011
Decision Date:	08/12/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/06/2015

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 46 year old male who sustained a work related injury August 10, 2011. While opening an underground vault with a crowbar he felt excruciating right sided lower back pain. He was prescribed medication, referred for physical therapy and given work restrictions for light duty with no lifting or bending. Six to eight months later, he injured his left shoulder while climbing a telephone pole. An electrodiagnostic study revealed evidence of a left L5 radiculopathy. Past history included left shoulder surgery x 2, right shoulder surgery, first stage L4-S1 anterior lumbar interbody fusion; second stage L4-S1 laminectomy, posterior spinal fusion, instrumentation 2013. A primary treating physician's progress report date January 27, 2015, found the injured worker presenting for re-evaluation. He reports his sacroiliac joint feels better since an injection. He has pain at times on the top of his foot. Range of motion in his back is close to normal with tenderness at the sciatic notch. According to a physician's progress notes, dated May 14, 2015, the injured worker presented for follow-up with complaints of urinary urgency and erectile dysfunction. Symptoms have been present for the past 2-3 years. He has been on Vesicare for greater than two years, which has helped with frequency but not urgency and continues on Viagra. Diagnoses are urgency of organic origin and impotence of organic origin. At issue, is a request for authorization for a lateral branch block, sacroiliac joint, S1, S2, S3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lateral Branch Block, Sacroiliac Joint (S1, S2, S3), Qty 3: 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 & Pelvis - Sacroiliac Joint Block.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG, states sacroiliac joint injections are only indicated when exam shows definitive etiology of the pain to be the sacroiliac joint and the patient has failed aggressive conservative therapy for 4-6 weeks. The review of the clinical records and provided physical exam does not show these criteria to have been met. Therefore, the request is not medically necessary.