MAXIMUS Federal Services

Case Number:	CM15-0172107		
Date Assigned:	09/14/2015	Date of Injury:	01/13/2014
Decision Date:	10/13/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/01/2015

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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 37 year old male, who sustained an industrial-work injury on 1-13-14. A review of the medical records indicates that the injured worker is undergoing treatment for acute chronic neuralgia, sacroiliac joint instability, chronic back pain, history of abdominal pain and Gastroesophageal reflux disease (GERD). Medical records dated (3-6-15 to 7-11-15) indicate that the injured worker complains of acute low back pain, bilateral hip pain and radiation to the bilateral lower extremities (BLE) with numbness and tingling. The pain is rated 6 out of 10 for headaches, low back pain and spasms with occasional 9 out of 10 pain. The left sided numbness and frequent flare-ups on a daily basis are rated 4-7 out of 10 on the pain scale. The medical records also indicate worsening of the activities of daily living due to pain. Per the treating physician report dated 7-11-15 the employee has not returned to work. The physical exam dated from (4-30-15 to 7-11-15) reveals that the lumbar spine and lower thoracic spine have tenderness to palpation in the lumbar and right sacroiliac joint areas. The Trendelenburg test is difficult to perform right maneuver as he has to shift to the left. The Kemps test is positive for pain on the left 8 out of 10 and right positive for pain at 7 out of 10. The straight leg raise is positive on the left with 9 out of 10 pain at 20 degrees and the right for 9 out of 10 pain at 30 degrees. The Fabere test is positive right and left for 9 out of 10 pain. There is decreased lumbar range of motion in all planes with 7-10 out of 10 pain. Treatment to date has included pain medication including Advil, Ibuprofen, Norco, Vicodin, diagnostics, off of work, physical therapy at least 18 sessions, aqua therapy (unknown amount) and epidural steroid injection (ESI) times 2 two in 2014 which were ineffective. The Magnetic resonance imaging (MRI) of the lumbar spine dated

2-10-14 reveals annular disc bulge at L1-2 and L4-5 without disk herniation or nerve root compression. The original Utilization review dated 8-10-15 non-certified a request for 1 sacroiliac joint injection as based on the current objective and subjective exam findings and evidenced based guidelines not medically necessary and non-certified a request for 1 Magnetic Resonance Imaging (MRI) of the lumbar spine as not medically necessary based on the current exam findings and evidenced based guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 sacroiliac joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks.

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, sacroiliac joint blocks.

Decision rationale: SI Joint blocks are recommended by the ODG with the following limitations: the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings), diagnostic evaluation must first address any other possible pain generators, the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. Blocks are performed under fluoroscopy and a positive diagnostic response must be recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period. In this case, the provided records show minimal objective evidence of findings to support the request. While physical therapy appears to have been ineffective, the most recent physical exam essentially describes tenderness to palpation of the SI joint without much more regarding specific findings that indicate injection is the most effective treatment. Therefore, at this time, the request is not considered medically necessary.

1 MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS discusses recommendations for MRI in unequivocal findings of specific nerve compromise on physical exam, in patients who do not respond to treatment, and who would consider surgery an option. Absent red flags or clear indications for surgery, a clear indication for MRI is not supported by the provided documents. Physical therapy has apparently

been ineffective. There is no compelling level of nerve compromise on physical exam that appears to warrant operative intervention, and therefore the need for imaging is questionable, particularly given concurrent concerns for SI joint pain. Without further indication for imaging, the request for MRI at this time cannot be considered medically necessary per the guidelines.