

Case Number:	CM15-0041187		
Date Assigned:	03/11/2015	Date of Injury:	07/16/2012
Decision Date:	05/11/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/04/2015

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 56-year-old female who reported an injury on 07/16/2012. The injured worker reported she sustained an injury to the right lower extremity when she stepped on uneven concrete while walking into her building. The current diagnoses include congenital spondylolisthesis, lumbago and displacement of lumbar intervertebral disc without myelopathy. The injured worker presented on 02/10/2015 for a follow-up evaluation with complaints of constant pain in the lumbar spine. It was noted that the injured worker was awaiting authorization for an SI joint injection. On a scale of 1 to 10, the injured worker rated her pain as an 8/10. Upon examination, there was negative straight leg raising bilaterally, positive Patrick's test on the left, positive Gaenslen's maneuver on the left, and tenderness over the left SI joint. Recommendations at that time included an SI joint injection under fluoroscopy. There was no Request For Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Pre Operative 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 medical clearance. There is no indication that this injured worker is scheduled for a surgical procedure. The injured worker's SI joint block has not been authorized. The medical necessity for preoperative medical clearance has not been established in this case. As such, the request is not medically appropriate at this time.

One Left Sacroiliac Joint Injection under Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 at least 3 positive examination findings. There should also be evidence of a failure of at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management. In this case, it is noted that the injured worker has evidence of positive Gaenslen's, Patrick's and SI joint tenderness upon examination. However, there is no documentation of a failure of at least 4 to 6 weeks of recent aggressive conservative therapy including active rehabilitation. Given the above, the request is not medically necessary at this time.