MAXIMUS Federal Services

Case Number:	CM14-0148811		
Date Assigned:	09/18/2014	Date of Injury:	05/09/2013
Decision Date:	10/23/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year-old female who reported an injury on 05/09/2013. The mechanism of injury was not clear; however, it was reported to have occurred while sitting. The diagnoses included lumbar radiculopathy and low back pain. The past treatments included physical therapy, chiropractic care, and Norco, which was discontinued due to its sedating effect. The surgical history was noted as none. The progress note, dated 07/28/2014, noted the injured worker complained of pain radiating from her low back down her left leg, rated at 6/10 with medication, and an 8/10 without medication. She also reported that the medications were less effective and were causing constipation. The physical examination revealed loss of lumbar lordosis, lumbar flexion to 35 degrees, limited by pain, extension to 10 degrees, limited by pain, right lateral bending to 20 degrees, left lateral bending to 20 degrees, left lateral rotation to 40 degrees, and right lateral rotation to 40 degrees. Tenderness to palpation was noted to the paravertebral muscles and tightness on the left side; lumbar facet loading was positive on both sides; a straight leg raise test was positive to the left side at 70 degrees; a positive Faber's and Patrick's sign were noted; and tenderness over the sacroiliac spine was noted. Muscle strength was documented as 5/5 to all muscles; light touch sensation was decreased to the left L5-S1 dermatome; deep tendon reflexes were noted as 1/4 bilaterally at the knees and ankles; and Hoffman's sign was negative. The medications included ConZip 100 mg daily, Neurontin 300 mg, Naproxen 500 mg twice a day, Colace 100 mg twice a day as needed for opioid induced constipation, and a trial of Senna as needed for constipation. The treatment plan requested a course of physical therapy, a 1 time consultation with a psychologist, and an SI joint injection on the left for tenderness over the posterior superior iliac spine with positive Faber's and Patrick's sign. The physician further noted the patient's history and physical examination to be consistent with lumbar radiculopathy, as evidenced by decreased sensation in the left L4 and L5

dermatomes, positive straight leg raise findings, and EMG/NCV findings consistent with S1 radiculopathy. Lumbar strain with tenderness to palpation over the lumbar paraspinal muscles with a trigger point were noted. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left side SI joint injection qty:1.00: 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 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 Official Disability Guidelines (ODG) Hip & Pelvis, Sacroiliac joint blocks.

Decision rationale: The request for a left side SI joint injection is not medically necessary. The injured worker had back pain radiating down her left leg, rated 6/10. The physical examination noted a positive Faber/Patrick's test. A course of physical therapy was requested along with the SI joint injection for tenderness over the posterior superior iliac spine with positive Faber/Patrick's sign. The Official Disability Guidelines recommend sacroiliac joint injections when physical examination findings indicate sacroiliac dysfunction, other possible pain generators have been assessed, and at least 4 to 6 weeks of aggressive conservative therapy (including physical therapy, home exercise, and medication management) have failed. When pain is present above L5, it is not thought to be from the SI joint. There was a lack of evidence indicating sacroiliac dysfunction. There was a lack of evidence of a failure of conservative therapies. There was also unclear evidence of lumbar radiculopathy originating at L4, L5, or S1. The injured worker's condition following physical therapy would need to be assessed in order to determine the medical necessity of the sacroiliac joint injection. Given the previous, the SI joint injection is not indicated at this time. Therefore, the request is not medically necessary.