

Case Number:	CM13-0013711		
Date Assigned:	12/11/2013	Date of Injury:	03/30/2000
Decision Date:	01/17/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois, Indiana, and Texas. 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 physician 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 patient is a male who sustained a work-related injury on 03/30/2000. The most recent evaluation dated 08/02/2013 revealed physical examination findings of tenderness to palpation over the right sacroiliac joint and sciatic notch, decreased range of motion, and positive figure four testing on the right. Motor and sensory testing's were intact, and reflexes were 2+ throughout. Straight leg raise testing was negative bilaterally. The patient's diagnoses included chronic musculoligamentous strain of the lumbosacral spine, primarily axial in nature with a sacral component. The treatment plan included a Request for Authorization of a diagnostic right sacroiliac joint block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block diagnostic right sacroiliac joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, and the 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 and Pelvis Chapter, Sacroiliac joint blocks

Decision rationale: The Physician Reviewer's decision rationale: The Official Disability Guidelines recommend sacroiliac joint blocks in patients whose history and physical suggests a sacroiliac dysfunction diagnosis with documentation of at least 3 positive exam findings of Cranial Shear Test, Extension Test, Flamingo Test, Fortin Finger Test, Gaenslen's Test, Gillet's Test (One Legged-Stork Test), Patrick's Test (FABER), Pelvic Compression Test, Pelvic Distraction Test, Pelvic Rock Test, Resisted Abduction Test (REAB), Sacroiliac Shear Test, Standing Flexion Test, Seated Flexion Test, and Thigh Thrust Test (POSH); as well as a diagnostic evaluation must first address any other possible pain generators, the patient has failed at least 4-6 weeks of aggressive conservative therapy including physical therapy, home exercise, and medication management. The clinical information submitted for review lacks documentation of 3 positive exam findings listed above or documentation of failed aggressive conservative care. Additionally, the documentation submitted for review indicated that the patient continued to swim, take no medications, exercise and stretch, but no current documentation of the patient's activity tolerance or lack thereof. Given the lack of documentation submitted for review and Official Disability Guidelines criteria for the use of sacroiliac joint blocks, the request for medial branch block diagnostic right sacroiliac joint injection is non-certified.