MAXIMUS Federal Services

Case Number:	CM13-0014271		
Date Assigned:	10/03/2013	Date of Injury:	03/10/2011
Decision Date:	01/27/2014	UR Denial Date:	08/02/2013
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 Orthopaedic Surgery, and is licensed to practice in Michigan, Nebraska, 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

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 37-year-old female who reported an injury on 03/10/2011 due to a fall, landing on the floor on the left side of her body. The patient had continued low back pain that radiated into the right lower extremity. Physical findings included tenderness to palpation over the right sacroiliac joint with a positive compression test with tenderness in the right sacroiliac joint. It was also noted that the patient had a mildly ataxic gait; however, she required no assistance to ambulate. The patient had a positive straight leg raising test and decreased deep tendon reflexes at the patella. The patient was diagnosed with lumbosacral spondylosis without myelopathy, displacement of a lumbar disc without myelopathy, degenerative lumbosacral discs, back pain, and thoracic lumbosacral neuritis/radiculitis. The patient's treatment plan included continued medication management, a right sacroiliac joint injection with a possible left sacroiliac joint injection, and consideration of a repeat right L4-5 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac (SI) 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).

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 requested right sacroiliac joint injection is not medically necessary or appropriate. The patient does have tenderness to palpation over the sacroiliac joint with a positive compression test. It is also noted that the patient has continued pain in spite of injection therapy, physical therapy, and medication management. However, Official Disability Guidelines recommend sacroiliac joint dysfunction be supported by at least 3 of the following tests: cranial shear test, extension test, flamingo test, Fortin finger test, Gaenslen's test, Gillette's test, Patrick's test, pelvic compression test, pelvic distraction test, pelvic rock test, resisted abduction test, sacroiliac shear test, standing flexion test, seated flexion test, and thigh thrust test. The most recent clinical documentation submitted for review only provides evidence of a compression test to support the diagnosis of sacroiliac joint dysfunction. The history and physical does not reflect an adequate assessment of the patient's sacroiliac joint to support sacroiliac joint dysfunction. As such, a right sacroiliac joint injection is not medically necessary or appropriate.