

Case Number:	CM13-0024566		
Date Assigned:	03/19/2014	Date of Injury:	04/21/2012
Decision Date:	04/22/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/16/2013

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, has a subspecialty in Interventional Spine 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:

This patient is a 53-year-old female with date of injury of 04/21/2012. Per report 07/30/2013, the patient presents with low back pain, bilateral buttock pain radiating down both lower extremities, as well as left wrist and right wrist pain. Listed diagnoses are: 1. Chronic low back pain. 2. Bilateral lower extremity pain. 3. Facet paresthesia. 4. Suspected bilateral SI joint arthropathy. 5. Chronic left neck/shoulder region pain. 6. Left upper extremity pain and paresthesia. 7. Left interscapular pain. 8. Degenerative C6-C7 disk. 9. Degenerative lumbar disk. 10. Lumbar facet joint arthropathy. The patient's physical examination showed diffuse lumbar region bilateral PSIS pain, maximum tenderness along PSIS, left Patrick's provokes left SI joint pain, right Patrick's test is positive for right SI joint pain, bilateral Yeoman's positive test. Recommendation was for bilateral sacroiliac joint injections. A report dated 06/20/2013 describes 8/10 low back/bilateral buttock pain and bilateral lower extremity pain, left worse than right. The patient has leg cramps as well. Under recommendations, the patient underwent bilateral sacroiliac extra capsular injection on 06/14/2013 and it has not helped yet. Recommendation was for intracapsular SI joint injection before concluding that they are not the source of back pain. There is an operative report dated 06/14/2013 for bilateral SI joint injections under fluoroscopic guidance and SI joint arthrogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL SI INJECTIONS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip chapter, for SI joint blocks

Decision rationale: This patient presents with bilateral low back and buttock pain with radiation down the lower extremities. The treating physician has asked for what appears to be a repeat SI joint injection per his report on 06/20/2013 and 07/30/2013. A review of the reports would indicate that the patient already underwent bilateral SI joint injections on 06/14/2013. Interestingly, the treating physician on his report on 06/20/2013 indicates that the injection that was performed was "extra capsular injection" of the SI joint. Therefore, he was requesting intracapsular injection of the SI joints to ensure that the patient does not suffer from SI joint syndrome. However, a review of the operative report from 06/14/2013 would indicate that the patient did in fact have SI joint injection with SI joint arthrogram. Actual review of the procedure note indicates that under fluoroscopic guidance, 2 mL of non-ionic Isovue contrast was given through the needle "with the appropriate coverage of SI joint, both cephalad and caudad". These joints were then injected with 3 mL mixture of 40 mg Depo-Medrol and bupivacaine. Then on 06/20/2013, the treating physician reports that the SI joint injections did not provide any reduction of symptoms. MTUS Guidelines and ACOEM Guidelines do not discuss SI joint syndrome. However, ODG Guidelines require documentation of 3 different examination maneuvers to consider SI joint injection. In this case, review of the reports from 06/20/2013 and 07/30/2013 would indicate positive Patrick's and Yeoman's maneuver bilaterally with tenderness over PSIS. These technically constitute only 2 positive SI joint maneuvers. More importantly, it would appear that the patient already underwent SI joint injections on 06/14/2013; although the treater mentions that these were extra capsular injections, when in fact the operative reports describe intraarticular injection of the SI joints. The bilateral SI joint injections performed on 06/14/2013 did not provide any reduction of pain and there is no reason to repeat the SI joint injections at this time. Recommendation is for denial.