

Case Number:	CM13-0025327		
Date Assigned:	11/20/2013	Date of Injury:	03/28/2012
Decision Date:	10/15/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/18/2013

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 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 36 year-old warehouseman sustained an injury to the left wrist/hand and lower back on 3/28/12 while employed by [REDACTED]. Request(s) under consideration include LEFT SARCOILIAC JOINT INJECTION. There is past medication history of Diabetes mellitus, Anxiety, Tachycardia, Enlarged liver, Carpal tunnel syndrome s/p appendectomy in March 2012, angiogram with hospitalization for anxiety/ panic attack as well as blood clots in lung in 2010. Medications prescribed by the patient's psychiatrist include Xanax, Zoloft, and BuSpar. Report of 4/3/13 from the PM&R provider noted the patient with hand pain, lower back pain on left side, anxiety and panic attack and carpal tunnel syndrome. The patient also reported headaches and neck pain. Exam showed normal cervical, shoulders, and lumbar spine range of motion; intact sensation except for right lateral thigh; TTP over left lumbar paraspinal muscles with positive facet loading, negative SLR, normal strength in bilateral upper and lower extremities; positive Tinel's in wrists and left elbow. Treatment included CTS on left; right lower extremity meralgia paresthetica; low back pain; anxiety and depression. Treatment included EMG/NCS in bilateral upper and lower extremities; wrist braces; PT; home exercises; and medications. EMG/NCS by PMR provider noted bilateral CTS without polyneuropathy, cervical or lumbar radiculopathy or myopathy; normal EMG/NCS of bilateral lower extremities. Report of 7/3/13 from the secondary orthopedic provider noted request for MRI of right hand. Report of 7/15/13 from the PMR provider noted unchanged symptoms. Exam showed patient moving all four extremities; positive Patrick's; however, negative lumbar facet loading; negative SLR; positive Tinel's at bilateral wrists with intact sensation. Diagnoses included lumbago; SI joint dysfunction; anxiety; depression; bilateral CTS; right lower extremity meralgia paresthetica; gastritis. Treatment include left SI joint injection and home exercise. The request(s) for LEFT

SARCOILIAC JOINT INJECTION was non-certified on 8/19/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SARCOILIAC JOINT INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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, SI Joint, pages 263-264

Decision rationale: The report from the provider has no exam documented relating to SI joint. ODG note etiology for SI joint disorder includes degenerative joint disease, joint laxity, and trauma (such as a fall to the buttock). The main cause is SI joint disruption from significant pelvic trauma. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Although SI joint injection is recommended as an option for clearly defined diagnosis with positive specific tests for motion palpation and pain provocation for SI joint dysfunction, none have been demonstrated on medical reports submitted. It has also been questioned as to whether SI joint blocks are the "diagnostic gold standard" as the block is felt to show low sensitivity, and discordance has been noted between two consecutive blocks (questioning validity). There is also concern that pain relief from diagnostic blocks may be confounded by infiltration of extra-articular ligaments, adjacent muscles, or sheaths of the nerve roots themselves. Submitted reports have not met guidelines criteria especially when previous SI injections have not been documented to have provided any functional improvement for this 2012 injury. The LEFT SARCOILIAC JOINT INJECTION is not medically necessary and appropriate.