

Case Number:	CM13-0028127		
Date Assigned:	01/31/2014	Date of Injury:	10/11/2012
Decision Date:	04/30/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/23/2013

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:

The patient is a 37-year-old female who reported an injury on 10/11/2012. The mechanism of injury reported was a fall. The clinical note dated 10/25/2013 stated the patient complains of pain on a scale of 0 to 10 with a level of 7/10 before medications, coming down to 4/10 with medications. Medications listed include Norco 5/325 mg twice a day, Relafen 750 mg twice a day, Flexeril 10 mg at bedtime as needed, and Effexor and Xanax through the VA. Objective findings noted the patient is tender in the right sacroiliac. The patient is noted to have a positive Patrick's test. The patient is noted to have diagnoses of low back pain; left elbow pain, resolved; head contusion, resolved.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SACROILIAC 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 & PELVIS (ACUTE & CHRONIC), SACROILIAC JOINT BLOCKS

Decision rationale: Official Disability Guidelines recommend sacroiliac joint block as an option if the patient is noted to have 4 to 6 weeks of aggressive conservative therapy that has failed. 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). Pain may radiate into the buttocks, groin, and the entire ipsilateral lower limb, although if pain is present above L5 it is not thought to be from the sacroiliac joint. Diagnosis: specific tests for motion, palpation, and pain provocation have been described for the sacroiliac joint dysfunction; the cranial sheer test; extension test; flamingo test; fortin finger test; Gaenslen's test; Gillette's test (1-legged stork test); Patrick's test (FABER); pelvic compression test; pelvic distraction test; pelvic rock test; resisted abduction test (REAB); sacroiliac shear testing; standing flexion test; seated flexion test; thigh thrust test (POSH). Imaging studies are not helpful. The criteria for the use of sacroiliac blocks: the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above; diagnostic evaluation must first address any other possible pain generators. The patient has had and failed at least 4 to 6 weeks of aggressive conservative therapy including PT, home exercise, and medication management. The documentation provided for review only gave 1 positive test in the group of tests provided that there must be 3 of. There was no documentation provided noting whether the patient had conservative aggressive care with therapy, home exercise, and medication management that was either effective or failed. Therefore, the request is non-certified.