

Case Number:	CM13-0028940		
Date Assigned:	03/19/2014	Date of Injury:	12/18/2009
Decision Date:	05/08/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/24/2013

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 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 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 injured worker is a 58-year-old employee who reported an injury on 12/18/2009. The mechanism of injury was not provided in the medical records for review. Clinical note dated 03/13/2014 revealed the injured worker reported lower back pain in the lumbar area, pain in the lower extremities, and in the mid-back. The injured worker described the pain as sharp/stabbing and dull pain. The pain worsened during prolonged sitting and driving. The injured worker reports that the pain gets better when she reclines. The injured worker rated her pain level at a 4 on a scale from 0 to 10. The impairment rating reported she received significant benefit from the neurostimulator treatment with greater than 70% benefit in improvement with activities, decreased medication, and improved sleep. Upon exam, the injured worker was noted to have tenderness with lateral compression of the sacroiliac joint, the right side greater than the left. Positive Gaenslen's test, positive Yeoman's test were noted. The clinical note listed the medications as Diclofenac 75 mg, Topiramate 50 mg, Cymbalta 20 mg, Tramadol 50 mg, and Tizanidine 2 mg. The injured worker's diagnoses were listed as chronic pain syndrome, lumbar/thoracic radiculopathy, sacroiliitis, and peripheral neuropathy, unspecified. The documentation provided for review did not include the request for the right sacroiliac joint injection for the lumbar spine or the rationale for the injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SACROILIAC JOINT INJECTION FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition, Chapter: Low Back - Lumbar & Thoracic; and Chapter: Hip & Pelvis.

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: The decision for the right sacroiliac joint injection for the lumbar spine is non-certified. The Official Disability Guidelines recommend it as an option if there has been a documented 4 to 6 weeks of aggressive conservative therapy. The guidelines state that the pain may radiate into the buttock, groin, and entire ipsilateral lower limb, although if the pain is present above L5, it is not thought to be from the sacroiliac joint. The criteria notes that the history and physical should suggest the diagnosis with documentation of 3 positive exam findings from the following tests to include the cranial shear test, extension test, flamingo test, fortin finger test, Gaenslen's test, Gillett's test (1-legged stork test), Patrick's test, pelvic compression test, pelvic distraction test, pelvic rock test, the resisted abduction test, sacroiliac test, standing flexion test, seated flexion test, and/or the thigh thrust test. The injured worker has to have had and failed at least 4 to 6 weeks of aggressive conservative therapy, including physical therapy, home exercise, and medication management. Blocks are to be performed under fluoroscopy. The documentation provided from the clinical note dated 03/13/2014 reported that the patient's pain level was at a 4, and that she was having 70% improvement from the neurostimulator treatment. The documentation provided for review did not include any history and physical suggesting a diagnosis of the testing listed such as pelvic compression testing, Gillett's test, flamingo test, extension test, and standing flexion test. The diagnostic evaluation did not address any other possible pain generators as needed per Official Disability Guidelines. The documentation provided did not meet the criteria set forth by the Official Disability Guidelines. Therefore, the request for the right sacroiliac joint injection for the lumbar spine is non-certified.