MAXIMUS Federal Services

Case Number:	CM13-0029144		
Date Assigned:	03/19/2014	Date of Injury:	08/17/2011
Decision Date:	04/23/2014	UR Denial Date:	08/27/2013
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 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 is a 33-year old gentleman with a date of injury of 8/17/11. The patient has a back injury, but the mechanism of injury is not discussed. The patient has had extensive conservative care, and is now followed for chronic pain by a pain specialist. Diagnoses include lumbar sprain/strain, lumbago, lumbar axial pain, multiple lumbar disc herniation, radiculitis/radiculopathy of the lower extremities, lumbar muscle spasm and left sacroilitis. The patietn presented in follow-up on 7/29/13 with 8-9/10 pain. the pain is radicular in nature and radiates mostly to the legs. The patient is also ntoed to have left SI joint pain. On 5/22/13, the pateint had a right SI joint injection with 75% improvement. The patient also had a transforaminal lumbar ESI at L2-3 on 6/26/13 with 75% x 4 weeks. Exam at that visit shows reduced ROM, severe guading with myofascial pain, a positive SI joint thrust, positive Gaenslen's, a positive Patrick/Fabere and a positive Adson. SLR is positive on the left. There is weakness in the left quadriceps, hamstrings, gastrocsoleus, and ankle dorsiflexors. Request for left SI joint injection was submitted to Utilization Review on 8/27/13. The advisor recommended denial of the injection. Subsequent follow-up reports following the Utilization Review (UR) decision indicate that this is the first Sacroiliac Joint (SI) injection on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SACROILIAC JOINT CORTISONE INJECTION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Hip and Pelvis, Sacroiliac joint blocks.

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, Sacroiliac joint blocks.

Decision rationale: Guidelines support SI blocks in patients with at least 3 positive findings suggestive of SI mediated pain, only after first addressing other possible pain generators, and failure of at least 4-6 weeks of aggressive conservative therapy. A positive diagnostic response is considered if there is an 80% reduction in symptoms for the duration of the local anesthetic, or if steroids are also injected, at least 6 weeks of greater than 70% pain relief. If there is a positive response, a second diagnostic block may be done. In this case, the patient has 4 positive findings, other pain generators have been treated, and the patient has an extensive history of prior conservative care. A left SI joint injection is medically justified.