

Case Number:	CM13-0029427		
Date Assigned:	11/01/2013	Date of Injury:	11/17/2011
Decision Date:	02/04/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 60-year-old injured worker who reported an injury on 11/17/2011. The mechanism of injury was noted to be a fall. The patient's symptoms are noted as unchanged pain in the knees and right shoulder, rated as 7/10. Physical examination findings were noted to include that the patient walks with a cane, he was unable to perform heel to toe walking, tenderness over the lumbar paraspinal muscles, moderate facet tenderness, positive bilateral sacroiliac tenderness, positive bilateral Faber's test, positive bilateral sacroiliac thrust test, and positive bilateral Yeoman's test. The patient's diagnosis included bilateral sacroiliac joint arthropathy. A recommendation was made for injection treatment to the patient's sacroiliac joints. It was noted that the patient had previously failed conservative treatment, including physical therapy, chiropractic, treatment, oral medication, rest, and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint injections: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & 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: The Official Disability Guidelines state that the criteria for the use of sacroiliac blocks include that the history and physical should suggest the diagnosis and include documentation of at least 3 positive exam findings listed. It also states that the patient's diagnostic evaluation must first address any other possible pain generators, and the patient needs to have failed at least 4 weeks to 6 weeks of aggressive conservative therapy, including PT, home exercise, and medication management. The clinical information submitted for review reveals that the patient's objective findings include sacroiliac joint tenderness as well as 3 positive exam findings, including bilateral sacroiliac thrust test, Yeoman's test, and Faber's test. Additionally, it has been noted that radiculopathy has been ruled out as a pain generator, and the patient has failed at least 4 weeks to 6 weeks of conservative therapy, including physical therapy, chiropractic treatment, oral medication, rest, and a home exercise program. It also states that the patient is continuing with their home exercise program and medications at this time. The request for bilateral sacroiliac injections is medically necessary and appropriate.