

Case Number:	CM13-0030292		
Date Assigned:	11/27/2013	Date of Injury:	07/14/2006
Decision Date:	04/17/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/30/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 48-year-old female who reported injury on 07/14/2006. The mechanism of injury was noted to be the patient was grabbing a box containing brochures. The patient was noted to undergo a previous SI joint injection, for which the patient indicated it helped her for 1 week and she had 95% improvement for 2 to 3 days of that 1 week. The patient had tenderness on the left PSIS and had positive tenderness at the sacroiliac joints. The motor strength was within normal limits. The patient's had a positive left FABERE test. The patient's diagnoses were noted to include sciatica and sacroiliac ligament sprain/strain. The discussion included the patient had improvement for several days after the injection, and the pain had returned. The physician opined that the diagnostic portion of the injection was positive. It was further opined because of the high false positive rate of SI joint injections, the physician would like to do another injection. The request was made for a repeat left SI joint injection under fluoroscopy and sedation, and continuation of lumbar/core physical therapy

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT LEFT SACROILIAC JOINT INJECTION UNDER FLUOROSCOPY AND SEDATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Section, Hip.

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 Chapter, SI Joint Injection.

Decision rationale: Official Disability Guidelines indicate that the criteria for the use of sacroiliac blocks includes the history and physical should suggest a diagnosis with documentation of at least 3 positive exceptional factors including a FABERE test, a Gaenslen's test, a pelvic compression test, pelvic distraction test, and a positive diagnostic response that is recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed. If steroids are injected during the initial injection, the duration should be at least 6 weeks, with at least a 70% pain relief for this period. Clinical documentation submitted for review indicated the patient had 1 week of relief. The patient was noted to have 95% relief for 2 to 3 days. There was a lack of documentation of the functional benefit of the injection and the duration of relief was less than 6 weeks. Given the above, the request for a repeat left sacroiliac joint injection under fluoroscopy and sedation is not medically necessary

ADDITIONAL PHYSICAL THERAPY FOR THE LUMBAR/CORE (2 TIMES PER WEEK FOR 6 WEEKS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines indicate that physical medicine treatment is recommended for a maximum of 9 to 10 visits for myalgia and myositis. Clinical documentation submitted for review failed to indicate the quantity of prior sessions the patient had participated in. The patient's date of injury was 07/14/2006. The patient should be well-versed in a home exercise program. There was a lack of documentation of functional deficits to support the necessity for continued therapy. Given the above, the request for additional physical therapy of the lumbar/core 2 times per week for 6 weeks is not medically necessary.