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| Case Number: | CM13-0031823 | | |
| Date Assigned: | 12/04/2013 | Date of Injury: | 08/18/2010 |
| Decision Date: | 02/27/2014 | UR Denial Date: | 09/13/2013 |
| Priority: | Standard | Application Received: | 10/04/2013 |

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 Anesthesiology, has a subspecialty in Pain Medicine 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 33-year-old male who reported an injury on 08/18/2010. The mechanism of injury was a faulty seat on a forklift jerking the patient backwards and forwards. Review of the medical record revealed the patient continued to complain of low back pain and bilateral buttock pain. Per the most recent clinical note dated 12/12/2013, the patient received a bilateral sacroiliac joint injection on 12/05/2013. The patient expressed excellent relief, less pain, and he rates his pain 5/10 to 6/10. The patient states that bending, stooping, and heavy lifting increase the pain; however, it is relieved with rest and medication. Upon examination of the lumbar spine, it was noted there were no obvious deformities, there were multiple tender points and trigger points over the lower lumbar facets, range of motion of the lumbar spine was unrestricted, and there is no pain with range of motion of the lumbar spine. Sensation was intact to light touch and pinprick in all dermatomes in the bilateral lower extremities. There was noted positive facet loading signs, left equal to right. Patrick's is positive bilaterally. Gaenslen and sacroiliac joint distraction tests were positive bilaterally. The patient's diagnoses included bilateral sacroiliac joint dysfunction, lumbosacral facet arthropathy, and lumbosacral radiculitis. It is also documented the patient received bilateral sacroiliac joint injections on 07/05/2012, 12/06/2012, and again on 05/23/2013 and 12/05/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

bilateral sacroiliac (SI) joint injection: 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 Chapter and Hip & Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back and Hip & Pelvis Chapters, SI joint injections and SI joint blocks.

Decision rationale: Per Official Disability Guidelines, criteria for the use of a sacroiliac joint would be history and physical should suggest the diagnoses with documentation of at least 3 of the following positive exam findings: cranial shear test, extension test, flamingo test, Fortin finger test, Gaenslen's test, Gillet's test, Patrick's test, flexion test, seated flexion test, and thigh thrust test. There are only 2 positive exam findings that are recommended by Official Disability Guidelines. The most recent clinical note dated 12/12/2013 does state there was a positive Patrick's bilaterally and a positive Gaenslen's bilaterally as well. However, per ODG, there must be documentation of 3 positive exam findings. Therefore, the medical necessity for the requested service cannot be determined and the request for bilateral sacroiliac joint injections is non-certified.