MAXIMUS Federal Services

Case Number:	CM13-0037677		
Date Assigned:	12/18/2013	Date of Injury:	09/11/2009
Decision Date:	02/10/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/23/2013

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 & Pain Management, has a subspecialty in Interventional Spine, 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. 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 57-year-old female with a date of injury on 9/11/09. The progress report dated 8/2/13 by the requesting physician noted that the patient's diagnoses include: chronic axial low back pain; intermittent left lower extremity pain; and s/p L4-L5 laminectomy with persistent but improved left leg pain. The CT scan from 2011 shows solid fusion at L4-L5. MRI from 8/1/13 reveals no evidence of L5-S1 stenosis; however, there is mild to moderate lateral recess stenosis at L3-4. The patient continues with left buttock pain and left thigh pain. The patient reported that she felt her pain is coming from the SI (sacroiliac) joint. Exam findings included positive compression test and positive FABER sign. The requesting physician opined that a left SI joint injection for both diagnostic and therapeutic benefit is quite reasonable. The utilization review letter dated 10/14/13 denied the requested SI joint injection. The rationale was that it was unclear if the patient had received physical therapy treatment specifically to address the SI joint. In addition, there was a lack of documentation of at least 3 positive orthopedic exam findings indicative of SI joint pathology, which is required by ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left 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, Hip & Pelvis (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip chapter online for SI joint blocks: http://www.odg-twc.com/odgtwc/hip.htm#Sacroiliacjointblocks

Decision rationale: The patient continues with left buttock pain and left thigh pain. The patient reported that she felt her pain is coming from the SI joint. Exam findings included positive compression test and positive FABER sign. The requesting physician expressed the opinion that a left SI joint injection for both diagnostic and therapeutic benefit is quite reasonable. The additional progress reports dated 6/3/13 and 7/11/13 did not discuss treatment plans for the SI joint. MTUS does not address SI joint injections; therefore, ODG guidelines were reviewed regarding SI joint blocks. Guidelines state that the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings); diagnostic evaluation must first address any other possible pain generators; and the patient should have first had and failed at least 4-6 weeks of aggressive conservative therapy including PT (physical therapy), home exercise and medication management. The records do not appear to include documentation of the required information. Therefore recommendation is for denial.