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| Case Number: | CM13-0037950 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 09/13/2012 |
| Decision Date: | 02/28/2014 | UR Denial Date: | 10/18/2013 |
| Priority: | Standard | Application Received: | 10/24/2013 |

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, has a subspecialty in Interventional Spine 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 40-year-old male with a work-related injury of 9/13/12. The patient has been diagnosed with: Sprain back, sacroiliac region, right; Strain of lumbar region; and leg paresthesia, right. The 10/18/13 utilization review letter is based on the 10/11/13 medical report and is recommending non-certification for a sacroiliac injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 191.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on Official Disability Guidelines (ODG), Hip Chapter for SI joint blocks, which

Decision rationale: ODG guideline criteria for the use of sacroiliac blocks indicates that the history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings of specific tests for motion palpation and pain provocation that have been described for

SI joint dysfunction, which include Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; and Thigh Thrust Test (POSH)." In this patient's case, the medical records submitted for review document a physical examination on 10/9/13 that revealed tenderness over the sacroiliac (SI) joints which is not one of the specific tests for SI joint dysfunction. In addition, there was no other examination findings listed for the SI joint, and no positive lumbar tests. Thus, the ODG criteria for the SI injections have not been met. The request for sacroiliac joint injection (27096) is not medically necessary and appropriate.