

Case Number:	CM13-0041191		
Date Assigned:	12/20/2013	Date of Injury:	08/19/2001
Decision Date:	07/25/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/10/2013

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 Emergency Medicine and is licensed to practice in New York. 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 64-year-old female who was injured on August 19, 2001. The patient continued to experience pain in her bilateral knees. The physical examination was notable for bilateral crepitation, positive grind test, positive Faber's sign, tenderness to the medial joint line of the left knee and tenderness to the lateral joint line of the right knee. Diagnoses included chondromalacia of the patella, and thoracic/lumbosacral neuritis/radiculitis. Treatment included home exercises and medications. The request for authorization for diagnostic ultrasound bilateral S-I joints with possible injection was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL S-I JOINTS W/POSSIBLE INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Sacroiliac joint blocks are recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy as indicated below. Sacroiliac dysfunction is poorly

defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Pain may radiate into the buttock, groin and entire ipsilateral lower limb, although if pain is present above L5, it is not thought to be from the SI joint. The history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings. In this case the diagnosis of sacroiliac dysfunction is not clearly established. The patient has only one positive exam finding. Medical necessity for the ultrasound and possible injection of the sacroiliac joints is not established. The request for bilateral S-I joints w/possible injection is not medically necessary.