

Case Number:	CM13-0062879		
Date Assigned:	01/22/2014	Date of Injury:	07/01/2008
Decision Date:	06/02/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/09/2013

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 and Rehabilitation, 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 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:

This case involves a 49 year-old female who was injured on 7/1/2008. According to the 11/4/13, neurosurgery report, from [REDACTED] the patient presents 14 months s/p right L4/5 microdiscectomy with resolution of right lower extremity radiculopathy, but with persistent back pain secondary to L4/5 disk degeneration. There is also tenderness over the SI joint. The pain management request was denied. Now requesting right SI joint injection. On 11/8/13 UR recommended against the injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SACROILIAC JOINT INJECTION FOLLOWED BY RHIZOTOMY: 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), 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, SI Joint Blocks.

Decision rationale: According to the 11/4/13, neurosurgery report, from [REDACTED], the patient presents 14 months s/p right L4/5 microdiscectomy with resolution of right lower extremity radiculopathy, but with persistent back pain secondary to L4/5 disk degeneration. There is also tenderness over the SI joint. The review is for necessity of the SI joint block. California MTUS/ACOEM are silent, therefore ODG guidelines were consulted. ODG guidelines have specific criteria for SI joint blocks. The first criterion is that there should be at least 3 positive exam findings out of: "Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: 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; Thigh Thrust Test (POSH)." The only objective finding listed on the 11/4/13 examination is tenderness over the right SI joint. The request for the SI joint injection is not in accordance with ODG guidelines.