

Case Number:	CM13-0066705		
Date Assigned:	01/03/2014	Date of Injury:	01/13/2011
Decision Date:	04/21/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/16/2013

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 & Rehabilitation and Pain Medicine; and is licensed to practice in Illinois. 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 60-year-old female who reported an injury on 01/13/2011 after a fall that reportedly caused injury to the patient's low back, right leg, and right knee. The patient's most recent clinical evaluation documented that the patient's right lower extremity pain and low back pain rated at a 5/10 to 6/10 that was described as constant. Physical findings of the right hip included full range of motion and an antalgic gait pattern. The patient's diagnoses included a lumbar strain, right hip sprain, right knee sprain, and right ankle sprain. The patient's treatment recommendations included a sacroiliac joint injection to the right side, a bursa injection to the right trochlear, referral to a spine surgeon, and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

SI joint injection on the right: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter, Sacroiliac joint blocks

Decision rationale: The requested sacroiliac joint injection on the right side is not medically necessary or appropriate. Official Disability Guidelines recommend sacroiliac joint blocks for patients who have at least 3 documented examination findings supporting the diagnosis of a sacroiliac joint dysfunction. The clinical documentation submitted for review does indicate that the patient has painful range of motion of the right hip. However, no other orthopedic examinations were provided to support the diagnosis of a sacroiliac joint dysfunction. These tests include, but are not limited to, a cranial shear test, extension test, flamingo test, Fortin finger test, Gaenslen's test, Gillett's test, Patrick's test, pelvic compression test, pelvic distraction test, pelvic rock test, resisted abduction test, sacroiliac shear test, standing flexion test, seated flexion test, and thigh thrust test. As there are no physical findings to support the diagnosis of a sacroiliac joint dysfunction, a sacroiliac joint injection would not be appropriate. As such, the requested sacroiliac joint injection on the right is not medically necessary or appropriate.