

Case Number:	CM13-0067217		
Date Assigned:	01/03/2014	Date of Injury:	02/23/1994
Decision Date:	05/27/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/17/2013

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 Orthopedic Surgery 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:

The claimant is a 72-year-old, female who was injured in a work related accident 02/23/1974. A recent orthopedic PR2 report reviewed from 01/15/14 indicated ongoing complaints of pain with examination findings demonstrating diminished sensation in an L5 dermatomal distribution, positive straight leg raising and restricted lumbar range of motion. There was tenderness noted over the right sacrum, the right SI joint and the right gluteal region. Previous assessment from 12/18/13 stated that a recent request for an SI joint injection had been denied. It states the claimant is continuing with acupuncture, medication management and activity restrictions. Examination showed a sensory deficit in the right L5 dermatomal distribution with right iliopsoas, hip abductor, and gluteus weakness with restricted lumbar range of motion and pain over the right facet joints, SI joints, and sacrum. As stated above, the current request is for an SI joint injection in this individual. Her diagnosis at present is that of greater trochanteric bursitis, piriformis syndrome, radiculopathy at the right L5 level, degenerative disc disease at the lumbar spine, and right sacroiliitis. There is documentation of prior epidural steroid injection, trochanteric bursa injections and facet procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SACROILLIAC JOINT BLOCK: 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 Other Medical Treatment Guideline or Medical Evidence: Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, and 2013 Updates: hip procedure -Sacroiliac joint blocks.

Decision rationale: MTUS Guidelines are silent regarding the specific request. When looking at Official Disability Guidelines criteria, sacroiliac joint injection would not be indicated. Specific criteria for sacroiliac blocks indicated a history and physical examination supportive of the diagnosis with at least three documented positive findings. There is also indication of need for the diagnostic evaluation and addressing of other possible pain generators. In this situation the claimant does not have three pertinent findings of SI joint dysfunction with no clear clinical correlation between the diagnosis and other potential diagnosis including degenerative disc disease, lumbar spine facet syndrome, radiculopathy, and piriformis syndrome for which physical examination findings are positive. The specific request is not medically necessary and appropriate.