

Case Number:	CM13-0068842		
Date Assigned:	01/03/2014	Date of Injury:	01/17/1996
Decision Date:	04/21/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/20/2013

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 Pain 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 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 40 year old female who was injured on 01/17/1996. She sustained injuries to her lumbar spine lifting boxes onto a conveyor belt. The progress note dated 10/12/2013 indicated the patient received a series of epidural injections in the past by another provider without benefit. Her pain was predominately axial pain and was caused by the lumbar spine facet joints and sacroiliac joint on the right. Since her injection, she reported that she has had improvement in walking tolerance. She is able to stand for longer periods of time which was a significant problem for her. Objective findings on exam revealed she also had some pain localized over the sacroiliac joint greater on the right. The progress note dated 06/19/2013 documented the patient to have complaints of low back pain. Her pain radiates down her right leg. Objective findings on exam revealed she can flex forward and touch within about 15 inches off the ground and extend her back about 10 degrees before she has pain. She has more pain with forward flexion than back extension. She has a difficult time doing a FABER test. The FABER test is positive on the right and the left side. The patient was diagnosed with lumbago and right sacroiliitis. The progress note dated 11/27/2013 indicated the patient had some relief of her pain. Objective findings revealed she had difficulty doing a FABER test but the FABER test is positive on the right and the left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE (3) VISITS FOR SACROILIAC JOING INJECTION UNDER FLUOROSCOPIC GUIDANCE: 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 and Pelvis Chapter, Sacroiliac Joint Block Section

Decision rationale: According to the Official Disability Guidelines (ODG), Sacroiliac joint Block is recommended for degenerative joint disease, joint laxity, and trauma (such as a fall to the buttock). The main cause is SI joint disruption from significant pelvic trauma. The medical records document the patient was complaining of low back pain mainly on the right sacroiliac joint, the pain radiates to the right lower limb with no significant neurological deficit. On physical examination, she had positive FABER test on the right and negative on the left, no other SI dysfunction test were reported. In the absence of 3 documented positive exam findings, lack of documented aggressive conservative therapy, proper documentation of the diagnostic injection that previously performed (PR2 dated November 27, 2013, reported the patient previously had a SI joint injection) and failing to obtain at least more than 70% pain relief for at least 6 weeks from prior injection, the request is not medically necessary according to the guidelines.