

Case Number:	CM13-0070402		
Date Assigned:	01/03/2014	Date of Injury:	03/08/2012
Decision Date:	06/02/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/24/2013

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 and is licensed to practice in Texas. 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 injured worker is a 50 year old male with a reported date of injury on 03/08/2012; the mechanism of injury was not provided within the medical records. The injured worker reported complaints of moderate to severe lower, back pain associated with severe muscle spasms and progressive limited range of motion to the lumbar spine, The injured worker described pain rated "8/10 most of the time with flare ups reaching at level 8/10." The injured worker further noted experiencing pain radiating to left leg associated with tingling and numbness as well as weakness increasing in severity and intensity in recent weeks. The clinical note dated 07/15/2013 noted the injured worker had lumbar disc herniations. The provider noted the injured worker had severe sacroiliac joint inflammation with signs and symptoms indicative of radiculitis/radiculopathy to the posterior and lateral aspect of thigh. Gaenslen's test and Patrick Fabre test were positive, sacroiliac joint thrust was severely positive. The injured worker reported going to physical therapy and acupuncture treatments with limited improvement. The injured worker also reported having to take more pain medication, due to the severity of pain and reported having difficulty performing sexual activities. The injured worker had bilateral tibial motor neuropathy more pronounced on the left and left S1 radiculopathy which appeared to be chronic in nature and bilateral fibular sensory neuropathy. The clinical note dated 10/07/2013 noted the injured worker had 50% improvement for 5 weeks after the first sacroiliac injection to the left SI joint was performed on 08/28/2013. The injured worker had 50% improvement for 4 weeks after the first sacroiliac injection to the right SI joint was performed on 09/04/2013. The request for authorization was submitted on 12/05/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL SI JOINT INJECTION UNDER FLUOROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation ODG LOW BACK (UPDATED 12/4/13), SACROILIAC JOINT INJECTIONS (SJI).

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: The decision for Bilateral SI joint injection under fluoroscopic guidance is non certified. The patient described pain rated 8/10. The injured worker further noted experiencing pain radiating to left leg associated with tingling and numbness as well as weakness increasing in severity and intensity in recent weeks. The provider noted the injured worker had severe sacroiliac joint inflammation with signs and symptoms indicative of radiculitis/radiculopathy to the posterior and lateral aspect of thigh. Gaenslen's test and Patrick Fabre test were positive, sacroiliac joint thrust was severely positive. The Official Disability Guidelines note the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings including: 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 guidelines note the diagnostic evaluation must address any possible pain generators and the injured worker must have failed at least 4-6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management.