

Case Number:	CM13-0071477		
Date Assigned:	01/08/2014	Date of Injury:	09/21/2012
Decision Date:	05/30/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/27/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 52 year old female who reported a lifting injury to her lower back on 09/27/2012. In the clinical note dated 11/11/2013 it was noted the injured worker reported numbness and tingling in the left lower extremity and decreased range of motion in the lumbar/sacral area. An unofficial EMG was performed on 05/31/2013 that revealed L4-S1 radiculopathy; the official interpretation was not submitted. The request for authorization was not found in the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SACROILIAC JOINT INJECTION, WITH FLUROSCOPY, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Disorders, Table 2.

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

Decision rationale: The Official Disability Guidelines recommend 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). Diagnostic evaluation must first address any other possible pain generators and injured workers should undergo and fail at least 4-6 weeks of conservative care. The injured worker has had and failed at least 4-6 weeks of aggressive conservative therapy including physical therapy, a home exercise program and medication management. In addition, the documented physical finding did not include adequate documentation that the history and physical suggested the diagnosis, with documentation of at least 3 positive exam findings as listed above. Therefore, the request for Right Sacroiliac Joint Injection is not medically necessary.