

Case Number:	CM14-0005253		
Date Assigned:	02/05/2014	Date of Injury:	06/03/2011
Decision Date:	06/27/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/14/2014

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 Management 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:

This is a 54-year-old male with a 6/3/11 date of injury. He was employed by [REDACTED] when he injured his lower back when he fell off a step ladder. On 11/21/13, the patient had tenderness to palpation over the SI joint, with decreased ROM of the hip and decreased sensation in the L5-S1 distribution. There is also decreased strength with plantar and dorsiflexion of the foot at 4/5. He had a positive Fabers, Patrick, and Gaenslen's test. An EMG/NCS on 3/20/13 was consistent with right S1 radiculopathy. There were no correlating EMG abnormalities. Diagnostic Impression: Lumbago, Lumbosacral Neuritis, Sacroiliac Sprain, Sciatic Nerve Lesion. Treatment to date: medication management, activity modification. A UR decision dated 12/13/13 denied the request since the patient had findings of lumbar radiculopathy which has not been documented to have been addressed. Guidelines require an evaluation to address possible pain generators. There is no documentation of conservative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SI JOINT CORTISONE INJECTION UNDER ULTRASOUND GUIDANCE -IN OFFICE: 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines Low Back Complaints, 9792.23.5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip Chapter, Other Medical Treatment Guideline, or Medical Evidence: Joint Bone Spine. 2006 Jan; 73(1):17-23. : Hansen HC, ET. al. Sacroiliac joint interventions: a systematic review. Pain Physician. 2007 an; 10(1):165-84. Review: Rupert MP, et. Al. Evaluation of sacroiliac joint interventions: a systematic appraisal of the literature. Pain Physician. 2009 Mar-Apr; 12(2):399-418.

Decision rationale: Chronic Pain Medical Treatment Guidelines states that sacroiliac joint injections are of questionable merit. In addition, ODG criteria for SI joint injections include clinical sacroiliac joint dysfunction, failure of at least 4-6 weeks of aggressive conservative therapy, and the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings). However, there is no clear discussion of any recent conservative management directed at the SI joint. In addition, there is no documentation that other pain generator, such as the lumbar radiculopathy, has been addressed. Guidelines state that SI joint dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology. This patient is documented to have lumbar radiculopathy and weakness on examination. Given the above the request is not medically necessary.