

Case Number:	CM14-0007026		
Date Assigned:	02/07/2014	Date of Injury:	05/23/2011
Decision Date:	07/08/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/15/2014

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 Physical Medicine & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 30-year-old male who reported injury on 05/23/2011. The mechanism of injury was the patient was hit in the back by a pallet jack on the right buttock and right lower back area. The documentation of 05/07/2013 revealed the patient had complaints of low back pain and bilateral knee pain. The patient had a positive Patrick's (Faber) test on the right side, a Gaenslen's test, and a pelvic compression test that caused pain in the sacroiliac joint. The diagnostic impression, diagnoses included lumbar spine sprain/strain, MRI findings of right foraminal disc protrusion at L5-S1 with annular tear and moderate right neuroforaminal narrowing at the level, and right-sided sacroiliac joint arthropathy. The treatment plan included a sacroiliac joint block on the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

SACROILIAC JOINT INJECTION, RIGHT: 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 & Pelvis Chapter, Sacroiliac Joint injections.

Decision rationale: The Official Disability Guidelines indicate that the criteria for the use of sacroiliac blocks include the history and physical should suggest the diagnosis with documentation of at least 3 positive examination findings listed above including the Gaenslen's test, Patrick's-(Faber) test, and pelvic compression test. The diagnostic evaluation must first address any other possible pain generators. The patient must have had documentation and must have had and failed at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise, and medication management. The blocks should be performed under fluoroscopy. The clinical documentation submitted for review indicated the patient had objective findings. However, there was lack of documentation indicating the patient had and failed 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise, and medication management. Given the above, the request for a right sacroiliac joint injection is non-medically necessary.