

Case Number:	CM14-0007197		
Date Assigned:	02/07/2014	Date of Injury:	11/09/1993
Decision Date:	06/24/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/20/2014

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 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 61-year-old female with a reported date of injury on 11/09/1993. The mechanism of injury was not provided with the documentation available for review. The injured worker complained of neck, low back, bilateral knee pain, as well as pain in the upper extremities. According to the physical therapy progress note dated 03/05/2013, the injured worker attended 7 physical therapy visits. The injured worker underwent a C3-7 cervical fusion on 08/27/2013. The injured worker's pain was rated at 5/10. According to the clinical note dated 12/11/2013, the injured worker utilized a TENS unit with good benefit. The subjective physical therapy note stated that the injured worker felt that therapy was helping with improved mobility; however, the injured worker reported she still felt weak. In addition, the note stated that the injured worker had 5 visits remaining. The injured worker reported having significant benefit from chiropractic treatment. The injured worker's diagnoses included chronic pain syndrome, cervical spondylosis without myelopathy, lumbosacral spondylosis, degenerative lumbar/lumbosacral disc, and knee joint replacement. The injured worker's medication regimen included Levothroid, zonalon cream, cinnamon, Lidoderm patch, vegetable laxative, Climara Pro, niacin, Ambien, Oxycodone, Prilosec, Topamax, Zanaflex, Biofreeze, and Valium. The Request for Authorization for right SI joint intra-articular injection was submitted on 01/20/2014. According to the clinical note dated 12/11/2013, the provider noted a left SI joint injection would be recommended if the chiropractic treatment did not resolve the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SI (SACROILIAC) JOINT INTRA-ARTICULAR INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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: According to the Official Disability Guidelines, sacroiliac joint injections are recommended as an option if the injured worker has failed at least 4 to 6 weeks of aggressive conservative therapy, to include physical therapy, home exercise and medication management. Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: 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). Pain may radiate into the buttock, groin and entire lower limb, although if pain is present above L5, it is not thought to be from the SI joint. The clinical note dated 12/11/2013 reported that the injured worker's pain is mainly confined to the low back region but will radiate into the bilateral buttocks and radiate down her left leg. In addition the injured worker reported that the pain started in the lateral hip region and radiated to the sacral region. According to the documentation provided for review, the injured worker attended physical therapy sessions with documented improvement in functional ability. The provider noted a left SI joint injection would be recommended if the chiropractic treatment did not resolve the injured worker's pain. According to the documentation dated 12/11/2013, the chiropractic treatment decreased the injured worker's pain levels. As the documentation lacks objective orthopedic findings of SI joint dysfunction, the request is unclear. Therefore, the request for a right SI (sacroiliac) joint intra-articular injection is not medically necessary.