

Case Number:	CM14-0102742		
Date Assigned:	07/30/2014	Date of Injury:	03/03/1981
Decision Date:	10/01/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/30/2014

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 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:

The injured worker is a 69 year old female with a reported date of injury on 03/03/1981. The mechanism of injury was a trip and fall. The injured worker's diagnoses included post-laminectomy syndrome, myospasm, depressive disorder, lumbar dextroscoliosis with kyphosis and degenerative disc disease adjacent to fusion. The injured worker's previous treatments included facet injections, spinal cord stimulation, trigger point injections, epidural steroid injections, Botox, physical therapy, ice treatment, heat treatment, transcutaneous electrical nerve stimulations (TENs), and chiropractic care. The injured worker's previous diagnostic studies included a lumbar spine MRI on 10/08/2002, a bone density x-ray absorbiometry on 08/09/2001, a lumbar spine MRI on 04/02/2011, a CT of the lumbar spine on 01/15/2013, and a bone density x-ray absorbiometry on 01/03/2003. The injured worker's surgical history included an unspecified laminotomy in 1981, an L5-S1 fusion with hardware in 2001, and hardware removal in 2010 with fusion at L3-5. The injured worker was evaluated on 06/03/2014 where she complained of increased right hip and back pain with radiation to the right leg. The injured worker reported that she was able to perform activities of daily living without assistance with the exceptions of lifting more than 15 pounds, pushing anything heavy and driving for longer than 30 minutes. She described her pain as aching with muscle spasms and increased with activity. At the time of the visit, she rated her back pain at 4/10, hip pain was not rated. The clinician observed and reported that lower extremity sensation was grossly intact; patellar reflexes were bilaterally 1+, Achilles reflex 0, and lower extremity motor strength was 5/5 bilaterally in all five tested areas. The injured worker's medications included a Medrol dose pack, Celebrex 200 mg once daily, Flexeril 10 mg once daily at bedtime, allopurinol 100 mg three times per day, and Toradol 60 mg intramuscularly on 06/03/2014. The request was for Right Sacroiliac Joint

Injection for post laminectomy syndrome and myospasm. The request for authorization form was submitted on 06/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sacroiliac Joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines, Hip/Pelvis chapter, web edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hips and Pelvis, Sacroiliac joint blocks.

Decision rationale: The request for Right Sacroiliac Joint Injection is not medically necessary. The injured worker complained of increased right hip and low back pain status post facet injections on 02/03/2014. The Official Disabilities Guidelines recommend sacroiliac joint blocks as an option if the injured worker has failed at least 4-6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management. In addition, the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings from the following list: 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 latest physical exam provided is dated 06/03/2014 and does not indicate any sacroiliac findings on physical exam. There is a lack of documentation indicating the injured worker's history and physical suggested a diagnosis of sacroiliac joint dysfunction. Therefore, the request for Right Sacroiliac Joint Injection is not medically necessary.