

Case Number:	CM14-0102923		
Date Assigned:	09/16/2014	Date of Injury:	09/04/2012
Decision Date:	10/16/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/09/2014

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 and Rehabilitation and 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 62-year-old female who reported a date of injury of 09/04/2012. The mechanism of injury was indicated as a fall. The injured worker had diagnoses of lumbar disc disease and lumbar facet syndrome. Prior treatments included physical therapy and home exercise program. The injured worker had x-rays and MRIs of unknown dates and the unofficial reports were not within the medical records provided. Surgeries included a medial branch block. The injured worker had complaints of throbbing pain in the low back with the pain rated 5/10 and sciatica type pain in the bilateral sacroiliac joints. The clinical note dated 05/13/2014 noted the injured worker had diffuse tenderness over the lumbar paraspinal musculature, slight tenderness to palpation over the bilateral piriformis muscles, but improved facet tenderness at L3-L5 with spasm noted and, palpation elicited referred pain to the gluteal muscles. The injured worker had piriformis tenderness and stress bilaterally, sacroiliac tenderness bilaterally, a positive FABERE/Patrick's test, positive sacroiliac trust test, and a positive Yeoman's test. The injured worker had a positive straight leg raise, and the range of motion of the injured worker's lumbar spine was 30 degrees of lateral bending bilaterally, 60 degrees of flexion bilaterally, and 17 degrees of extension bilaterally. Medications were not included within the medical records received. The treatment plan included the physician's recommendation for sacroiliac joint injection or block, for the injured worker to continue a home exercise program, and to return for follow-up in 4 to 6 weeks. The rationale was the injured worker had no radicular symptoms upon physical examination, tenderness to palpation over the bilateral sacroiliac joints, along with 3 positive sacroiliac joint orthopedic tests. The injured worker had failed conservative treatments, including physical therapy, chiropractic treatment, medication, rest, and home exercise program. The Request for Authorization form was received on 05/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroiliac Joint Injections: 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) TWC Hip & Pelvis Procedure Summary last updated 3/25/14. Criteria for the use of Sarollac Blocks

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 (Acute & Chronic), Sacroiliac joint blocks.

Decision rationale: The request for Bilateral Sacroiliac Joint Injections is not medically necessary. The injured worker had complaints of throbbing pain in the low back with the pain rated 5/10 and sciatica type pain in the bilateral sacroiliac joints. California MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines recommend as an option if the patient failed at least 4 to 6 weeks of aggressive conservative therapy. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology. The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved. Pain may radiate into the buttock, groin and entire ipsilateral lower limb, although if pain is present above L5, it is not thought to be from the SI joint. The history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings. Diagnostic evaluation must first address any other possible pain generators. The patient has had and failed at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management. The injured worker is noted to have 4 positive exam findings indicative of sacroiliac dysfunction to support sacroiliac joint injections. The guidelines indicate the injured worker must have failed at least 4 to 6 weeks of aggressive conservative therapy, including physical therapy, home exercise, and medication management. However, there is a lack of documentation that the injured worker has failed treatment for at least 4 to 6 weeks. The injured worker is noted to have completed physical therapy for the lumbar spine, however, not the sacroiliac joints for which the request was submitted. As such, the request is not medically necessary.