

Case Number:	CM14-0106072		
Date Assigned:	07/30/2014	Date of Injury:	02/28/2006
Decision Date:	09/12/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/09/2014

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 Orthopedic Surgeon 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 67-year-old male who reported injury on 02/28/2006. The mechanism of injury was not provided. The surgical history and medications were not provided. The injured worker was noted to have a sacroiliac joint injection on the right side on 10/25/20012. The documentation indicated the injured worker had a 70% improvement in pain after the sacroiliac joint injection. The documentation indicated the injured worker had multiple injections including sacroiliac joint injections. The documentation of 05/08/2014 revealed the injured worker had chronic right sided low back pain. The documentation indicated the injured worker had a right sacroiliac joint injection in 07/2012 and 10/2012 which provided moderate relief. The objective findings revealed the injured worker had a positive Fortin's finger test, and a Patrick/faber test. The lumbar facet loading maneuvers were equivocal. The strength in the bilateral extremities was 5/5. The sensation was intact. The injured worker had moderate sacroiliac joint tenderness. The reflexes in the bilateral lower extremities were 2/4. The diagnoses were right sacroiliac joint arthropathy, lumbar spondylosis, and lumbar facet arthropathy. The treatment plan included a right sacroiliac joint injection. The documentation indicated the injured worker received 2 to 3 months relief when the sacroiliac joint was the pain generator. There was a DWC form RFA submitted for the request.

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 Official Disability Guidelines-TWC Hip & Pelvis procedure.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Hip & Pelvis Chapter, Sacroiliac joint blocks.

Decision rationale: The Official Disability Guidelines indicate the criteria for the use of sacroiliac blocks include a history and physical suggesting the diagnosis with documentation of at least 3 positive examination findings including the Fortin finger test, the Gaenslen's test, the Gillet's test, the Patrick's test, the pelvic compression test, the pelvis distraction test, the pelvic rock test, extension test, cranial shear test, Flamingo test, resisted abduction test, sacroiliac shear test, standing flexion test, seated flexion test and the thigh thrust test. The diagnostic evaluation must first address any other possible pain generators and there must be documentation the injured worker had failed at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management. In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks. The documentation indicated the physician was requesting a repeat diagnostic injection; as such, the diagnostic criteria would need to be met. The clinical documentation submitted for review indicated the injured worker had multiple injections. The documentation indicated the injured worker's prior injections had given 2 to 3 months of relief. There was a lack of documentation indicating objective functional benefit that was received. There was a lack of documentation as to the percentage of relief that was obtained. Additionally, there would need to be clarification, as the physician documented the request was for a diagnostic injection, however, the injured worker had undergone multiple sacroiliac injections. Given the above, the request for right sacroiliac joint injection is not medically necessary.