MAXIMUS Federal Services

Case Number:	CM14-0011035		
Date Assigned:	02/21/2014	Date of Injury:	09/20/1996
Decision Date:	07/03/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/28/2014

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 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:

This is a 53-year-old male with a 9/20/96 date of injury. The patient is status post anterior and posterior decompression and fusion form L3-L5 in august 20120 with subsequent hardware removal on 3/2/13. The patient was seen on 12/30/13 with ongoing complaints of low back pain radiating to the lower extremities bilaterally. Exam findings revealed lumbar tenderness as well as significant tenderness over the sacroiliac (SI) joints bilaterally and sciatic nerves. The patient was again seen on 1/29/14 where again he complained of low back and radicular pain. The exam findings were unchanged from the patient's prior visit. The treatment to date: physical therapy (improved hip pain by 50%), and medication. A utilization review (UR) decision dated 1/15/14 denied the request for bilateral SI joint injections given there was insufficient clinical information to support the request.

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), Hip and Pelvis Chapter, Criteria for the use of sacroiliac blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines ODG (Hip and Pelvis Chapter, Sacroiliac joint injections).

Decision rationale: The CA MTUS states that sacroiliac joint injections are of questionable merit. In addition, the Official Disability Guidelines (ODG) criteria for sacroiliac (SI) joint injections include clinical sacroiliac joint dysfunction, failure of at least 4-6 weeks of aggressive conservative therapy, and the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings). The only exam finding documented is tenderness over the SI joints. There is no mention of any of the following: 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). At least three of these findings must be positive and documented to ensure that the SI joint is the true pain generator. SI joint tenderness is an insufficient reason to perform an SI joint injection. In addition, the ODG states sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The patient had a lumbar fusion with hardware in 2012 and subsequent hardware removal in 2013 and complains of ongoing low back pain and radiculopathy. Thus, a comprehensive exam of the SI joint must be undertaken to ensure it is the pain generator. Given the lack of clinical findings on exam, the request as submitted was not medically necessary.