

Case Number:	CM14-0015349		
Date Assigned:	02/28/2014	Date of Injury:	05/12/2011
Decision Date:	06/30/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/06/2014

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 Illinois. 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 40-year-old female who reported an injury on 03/15/2012. The mechanism of injury was not provided within the documentation. In the clinical note dated 12/03/2013, the injured worker complained of increased left leg pain since the last visit. It was noted that the injured worker was ambulating with a limp and she had been attending therapy; however, she had pain to the left buttock. It was noted that the injured worker was not on prescription medications and was participating in physical therapy 2 times per week. The physical examination revealed increased pain, guarded range of motion, antalgic gait, and increased positive paralumbar pain over left L5-S1. The diagnoses included status post L4-5 decompression and left IT band syndrome/left hip bursitis. The provider's treatment plan included recommendations for a sacroiliac joint injection with follow-up 4-6 weeks status-post sacroiliac joint injection. The provider recommended holding off on physical therapy treatment. The request for authorization for a left SI joint injection for left SI joint pain/status post L4-5 decompression was submitted on 12/03/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT 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 (ODG) Hip and Pelvis (acute and chronic), Sacroiliac joint 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 and Pelvis (acute and chronic), Sacroiliac joint blocks.

Decision rationale: The request for LEFT SACROILIAC JOINT INJECTION is non-certified. The Official Disability Guidelines (ODG) state that sacroiliac joint blocks are recommended as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The guidelines note 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, and blocks are performed under fluoroscopy. The specific diagnostic tests for the use of sacroiliac joint blocks include a positive cranial shear test, extension test, flamingo test, Fortin's finger test, Gaenslen's test, Gillette's test, Patrick's test, pelvic compression test, pelvic distraction test, pelvic rock test, resisted abduction test, sacroiliac shear test, standing flexion test, seated flexion test, and thigh thrust test. In the clinical notes provided for review, it was only noted that the injured worker had increased pain and guarded range of motion and positive paralumbar pain to the left L5-S1 region. There was lack of evidence of pertinent positive tests indicating sacroiliac dysfunction. It was also noted that the injured worker was not on prescription or over the counter medication. The injured worker's pain level was also not indicated within the clinical documentation. The guidelines also recommend that sacroiliac joint injections are to be performed with fluoroscopy, which was not included in the request. Therefore, with the lack of evidence within the documentation of the Guideline recommendations of 4 to 6 weeks of aggressive conservative therapy, the request for LEFT SACROILIAC JOINT INJECTION is non-certified.