MAXIMUS Federal Services

Case Number:	CM14-0017233		
Date Assigned:	06/11/2014	Date of Injury:	10/04/2013
Decision Date:	08/07/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/11/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 38 year old female with a reported date of injury of 10/04/2013. The injury reportedly occurred when the injured worker set down a pan of food and felt a strain in her lower back. Her diagnoses were noted to include cervical/thoracic sprain/strain, lumbar spine sprain/strain, muscle spasms, radiculopathy, paresthesia, sciatica, and myalgia/myositis. The progress note dated 01/23/2014 revealed the injured worker complained of pain that shoots down her right leg and in her right lumbosacral region extending into her right buttock. The injured worker was experiencing numbness and tingling in her right leg down to her toes. The provider reported an MRI scan on 11/22/2013 did not show any significant herniated discs or stenosis, and was remarkable for mild degenerative disc disease at L3-4 and L5-S1 that no findings seemed to fit her continued right leg radiculopathy. The physical examination of the lumbar spine revealed tenderness was moderate to the right sacroiliac joint and right lumbosacral region. The range of motion was noted as flexion was to 40 degrees, extension was to 10 degrees, and pain with motion was worse with extension and rotation. The motor strength testing revealed hamstring weakness rated 4/5. The neurological examination revealed the bilateral knee reflex was diminished and sensation was decreased to the knee and medial leg, and on the lateral leg and dorsum of the foot. The provider reported the Patrick-FABERE test was negative as well as the straight leg raising test. The provider indicated the injured worker had right sacroiliac joint inflammation and a positive FABERE's. The Request for Authorization form dated 02/03/2014 is for an ultrasound guided corticosteroid injection in the right sacroiliac joint for her sacroiliac joint pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND-GUIDED CORTICOSTEROID INJECTION IN (R) SACROILIAC JOINT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation ODG.

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, Sacroiliac Joint Blocks.

Decision rationale: The Official Disability Guidelines recommend sacroiliac joint injections as an option if the injured worker has failed at least 4 to 6 weeks of aggressive conservative therapy. The Official Disability Guidelines' criteria for the use of sacroiliac blocks include history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings. The 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 PT, home exercise and medication management. The blocks are performed under fluoroscopy. There is a lack of documentation regarding positive diagnostic tests that are specific for motion palpation and pain provocation for sacroiliac joint dysfunction such as the diagnostic tests were noted to be negative. The ODG also recommend sacroiliac joint injections are to be performed under fluoroscopy. Additionally, the examination revealed a negative Patrick-Fabere test, however, the plan indicated a positive Fabere test and the inconsistency of the documentation does not provide positive provocative sacroiliac joint findings. Therefore, the request is not medically necessary and appropriate.