

Case Number:	CM14-0017632		
Date Assigned:	04/16/2014	Date of Injury:	05/08/2002
Decision Date:	06/02/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/12/2014

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 49 year old female who reported an injury on 05/08/2002; the mechanism of injury was not provided within the medical records. The clinical report dated 11/22/2013 reported a positive straight leg raise, diminished patellar and Achilles reflexes, positive facet loading, and tender palpation to sacroiliac joint. The injured worker had diagnoses including lumbar degenerative discs, lumbar radiculitis, post laminectomy syndrome-lumbar, disorders of the sacrum. The request for authorization form was submitted on 11/22/2013.

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 MTUS: ACOEM GUIDELINES, NEW SPINE CHAPTER, 26.

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 request for left sacroiliac injection is not medically necessary. Official Disability Guidelines note the history and physical should suggest the diagnosis, corroborated

with at least three positive exam findings (including: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet'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; Thigh Thrust Test.) In addition, blocks are performed under fluoroscopy. Within the provided clinical documentation there was a lack of documented positive physical findings to confirm a disorder of the sacroiliac joint. Furthermore, the submitted documentation did indicate whether fluoroscopy would be utilized, as the guidelines suggest the use of fluoroscopy given the higher incidence of error during the procedure. Thus, the request is not medically necessary.