

Case Number:	CM14-0018561		
Date Assigned:	04/18/2014	Date of Injury:	11/16/2010
Decision Date:	06/30/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/13/2014

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 and 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:

The injured worker is a 47 year old female who reported an injury on 11/16/2010. The mechanism of injury is unclear within the clinical notes provided. The clinical note dated 03/05/2014 noted the injured worker reported right sided low back pain. The injured worker rated her pain 8/10 without medication, and 5/10 with medication. The injured worker reported constant aching with more pain on right side than left. The injured worker was prescribed Ultram, Tylenol, Zanaflex, and Motrin. The physical exam revealed lumbar spine tenderness and tightness over the lumbosacral area and the right S1 joint. The injured worker had significant restriction with range of motion. The clinical note indicated the injured worker had 50% restriction of lumbar spine flexion and 75% restriction of lumbar spine extension. There also was a negative straight leg raise bilaterally; with a positive Patrick's over the right side. The injured worker underwent an MRI on 04/16/2013 which revealed L5-S1 foraminal stenosis, bilateral facet joint arthrosis at L4-5, L5-S1. The injured worker had diagnoses including lumbar facet joint pain, sacroilitis, and enthesopathy of hip, chronic pain syndrome, thoracic or lumbosacral neuritis, degeneration of lumbar intervertebral disc. The clinical information submitted noted the injured worker had physical therapy, used heat application, ice application, and topical medication. The provider requested a right sacral iliac joint injection; the request for authorization was submitted on 03/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL 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 & Pelvis, Sacroiliac Joint Blocks, 18th Edition, 2013, Low back chapter and hip and pelvis chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg) Hip & Pelvis, Sacroiliac Joint Blocks.

Decision rationale: The request for bilateral sacroiliac joint injections is not medically necessary and appropriate. The injured worker reported right sided low back pain. The injured worker rated her pain 8/10 without medication, and 5/10 with medication. The injured worker reported constant aching with more pain on right side than left. The Official disability guidelines note sacroiliac injections are recommended as an option if injured workers have failed at least 4-6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management. The guidelines also note the history and physical should the diagnosis with documentation of at least 3 positive exam findings (including specific test for tests for motion palpation and pain provocation have been described for SI joint dysfunction: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test One Legged-Stork Test; Patrick's Test). The guidelines also note that diagnostic evaluation must first address any other possible pain generators. The clinical information submitted indicated the injured worker underwent conservative care; however, it did not mention the length of treatment or any indication of relief of pain with the conservative care. There was a lack of other testing to rule out other pain generators. The provider documented that the injured worker had right sided problems and recommended a right side sacroiliac joint injection; however, the request submitted was for a bilateral sacroiliac injection. There is a lack of documentation indicating the need for a bilateral sacroiliac joint injection. There was a lack of documentation of significant findings upon physical exam indicating sacroiliac joint dysfunction. Therefore, the request for the bilateral sacroiliac joint injections is not medically necessary and appropriate.