

Case Number:	CM14-0112631		
Date Assigned:	08/04/2014	Date of Injury:	07/03/2011
Decision Date:	10/03/2014	UR Denial Date:	07/12/2014
Priority:	Standard	Application Received:	07/18/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 53-year-old female with a 7/3/11 date of injury. At the time (7/3/14) of request for authorization for Injection spine lumbar/sacral, there is documentation of subjective (back and leg pain with numbness and weakness) and objective (antalgic gait, limited range of motion secondary to pain, tenderness to palpation over the sacroiliac joints, and positive FABER test) findings, current diagnoses (sacroiliitis, neuropathic right leg pain, and spondylolisthesis), and treatment to date (physical therapy, medications, and right sacroiliac joint injection with good improvement for several months). Medical report identifies a request for bilateral sacroiliac joint injections. There is no documentation of at least 2 additional positive exam findings; and at least >70% pain relief obtained for 6 weeks following previous right sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection spine lumbar/sacral: 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) guidelines 2012 web "hip,pelvis"

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 Chapter, SI Joint Injection

Decision rationale: MTUS reference to ACOEM Guidelines identifies that invasive techniques are of questionable merit and that many pain physicians believe that diagnostic and/or therapeutic injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. ODG identifies documentation of at least 3 positive exam findings [such as: 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; and/or Thigh Thrust Test (POSH)]; diagnostic evaluation first addressing any other possible pain generators; failure of at least 4-6 weeks of aggressive conservative therapy (including PT, home exercise and medication management); block to be performed under fluoroscopy; and block not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block, as criteria necessary to support the medical necessity of SI joint injection. In addition, ODG identifies documentation of at least >70% pain relief obtained for 6 weeks, that 2 months or longer have elapsed between each injection, and that the injection is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block, as criteria necessary to support the medical necessity of repeat SI joint injection. Within the medical information available for review, there is documentation of diagnoses of sacroiliitis, neuropathic right leg pain, and spondylolisthesis. In addition, there is documentation of a request for bilateral sacroiliac joint injections. Furthermore, there is documentation of positive exam findings [positive FABER test]; and failure of at least 4-6 weeks of aggressive conservative therapy (including PT, home exercise and medication management); block to be performed under fluoroscopy; and block not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block. However, there is no documentation of at least 2 additional positive exam findings. In addition, despite documentation of a previous right sacroiliac joint injection with good improvement for several months, there is no documentation of at least >70% pain relief obtained for 6 weeks following previous right sacroiliac joint injection. Therefore, based on guidelines and a review of the evidence, the request for Injection spine lumbar/sacral is not medically necessary.