MAXIMUS Federal Services

Case Number:	CM14-0123535		
Date Assigned:	08/08/2014	Date of Injury:	05/09/2000
Decision Date:	09/17/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/05/2014

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 43-year-old female who reported an injury on 05/09/2000. The mechanism of injury was not provided for clinical review. The diagnoses include right L5 and S1 radiculopathy per EMG on 04/10/2013, status post L5-S1 fusion, chronic low back complaints, retained hardware of lumbar spine, and neck pain. The previous treatments included medication and epidural steroid injections. The diagnostic testing included an MRI and an EMG. Within the clinical note dated 08/05/2014, it was reported the injured worker complained of low back, right shoulder, and right hip pain. The injured worker reported having undergone an epidural steroid injection at L5-S1 nerve roots. The injured worker described the pain as aching and burning in the low back with radiation of numbness and tingling to the bilateral lower extremity, extending down to the feet, right much greater than left. She rated her pain 8/10 in severity. Upon the physical examination, the provider noted tenderness to palpation of the lumbar paraspinals. The range of motion of the lumbar spine was decreased in all planes. The provider noted tenderness to palpation of the right sacroiliac joint. The injured worker had decreased sensation throughout the right L5-S1. The injured worker had a positive straight leg raise on the right at 60 degrees. The request submitted is for a right sacroiliac joint injection. However, the rationale is not provided for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right S1 joint corticosteroid 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 (Acute & Chronic) Criteria for the use of sacroiliac 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/Pelvis, Sacroiliac joint injections.

Decision rationale: The Official Disability Guidelines recommend a sacroiliac joint injection as an option if the injured worker has failed at least 4 to 6 weeks of aggressive conservative therapy as indicated. The history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings of a specific test for motion, palpation, and pain provocation has been described for sacroiliac joint dysfunction including cranial shear test, extension test, flamingo test, Fortin finger test, Gaenslen's test, Patrick's test, or pelvic compression test. There is a lack of objective findings indicating the injured worker had sacroiliac joint dysfunction. Additionally, there is a lack of documentation of the failure of aggressive conservative care for at least 4 to 6 weeks. There is a lack of documentation indicating the injured worker had undergone the specific test for motion, palpation, and pain. Given the clinical information, the request for right sacroiliac joint corticosteroid injections is not medically necessary.