MAXIMUS Federal Services

Case Number:	CM14-0134988		
Date Assigned:	08/29/2014	Date of Injury:	08/13/2012
Decision Date:	10/16/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/21/2014

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 Texas. 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 51-year-old female who was injured on 08/13/2012. The mechanism of injury is unknown. Prior treatment history has included SI injections, which did not provide her with relief of symptoms; and physical therapy, which did not provide her with relief of symptoms and home exercise program. Follow-up report dated 07/30/2014 documented the patient to have complaints of pain in the sacroiliac joint region on the right. On exam, she has moderate to severe tenderness to palpation in the right buttock region. On flexion, there was no reproducible pain; extension produced axial back pain. Straight leg raise was negative bilaterally. She is diagnosed with axial back pain, right SI joint dysfunction, and mild L5-S1 central disc protrusion. The patient was recommended for SI joint injection under ultrasound guidance. Prior utilization review dated 08/15/2013 states the request for One right S1 joint injection under ultrasound guidance is not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right S1 joint injection under ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 3rd Edition, Low Back Chapter, page 300Official Disability Guidelines: Hip & Pelvis ChapterSacroillac joint 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 and Pelvis, sacroiliac joint blocks

Decision rationale: The Official Disability Guidelines (ODG) notes that sacroiliac joint blocks are recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy as indicated below. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Pain may radiate into the buttock, groin and entire ipsilateral lower limb, although if pain is present above L5, it is not thought to be from the SI joint. The claimant had a sacroiliac joint block on 8-12-13 provided no improvement. Repeating an injection which previously failed to provide any improvement is not indicated. Additionally, there is an absence in documentation noting that this claimant has undergone recent aggressive conservative therapy. Therefore, based on the records provided, the request for one right S1 joint injection under ultrasound guidance is not medically necessary and appropriate.