

Case Number:	CM14-0156844		
Date Assigned:	09/26/2014	Date of Injury:	12/20/2000
Decision Date:	10/27/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	09/25/2014

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, has a subspecialty in Interventional Spine 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 patient is a 40-year-old male with a date of injury of 12/20/2000. The listed diagnoses per [REDACTED] are lumbago, lumbosacral neuritis, chronic pain syndrome, lumbar disk displacement at L4 to L5 and sprain, sacroiliac, right. According to progress report 08/13/2014, the patient presents with continued radicular pain to the right lower extremity. He also complains of right SI pain. Examination revealed decreased range of motion in the lumbosacral spine. There was mild tenderness of the lumbosacral spine and paraspinals with mild paralumbar musculature tightness in the right. There was tenderness over the right SI joint/gluteal area reproducing his pain with prominent PSIS. There was mild decreased sensory in the right lower extremity in the L5 to S1 levels. There was positive Patrick's, FABERE's, and Gaenslen's tests on the right. The provider is requesting a cortisone injection to the S1 joint ligaments under ultrasound guidance. Utilization review denied the request on 09/06/2014. Progress reports from 03/12/2014 through 08/12/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

cortisone injection to the right SI joint ligaments under ultrasound guidance: 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 and pelvis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guideline has the following regarding SI joint injections under its Pelvic/Hip chapter, sacroiliac blocks

Decision rationale: This patient presents with continued radicular pain to the right lower extremity. He also complains of right SI joint pain. The provider is requesting cortisone injection to the right SI joint ligaments under ultrasound guidance. ODG guideline has the following regarding SI joint injections under its Pelvic/Hip chapter: SI joint injections are not supported without objective findings consistent with sacroiliitis. ODG further states, "Criteria for the use of sacroiliac blocks: 1. The history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings..." In this case, the patient has a diagnosis of sacroiliac strain, but the provider does not document positive findings on exam as required by ODG. ODG requires at least three positive exam findings for consideration of sacroiliac joint injections. Therefore the request is not medically necessary.