MAXIMUS Federal Services

Case Number:	CM14-0157548		
Date Assigned:	09/30/2014	Date of Injury:	11/18/2013
Decision Date:	10/28/2014	UR Denial Date:	09/18/2014
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 Family Medicine and is licensed to practice in Ohio. 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 36-year-old female with a date of injury of November 18, 2013. She developed low back pain radiating down the right lower extremity after she was pulled to the ground by special education child. An MRI scan of the lumbar spine revealed mild facet degeneration and mild lumbar bulging L4, L5 and a possible left renal mass. The physical exam has revealed tenderness to palpation of the lumbar paraspinal musculature, tenderness of the spinous processes, marked right sacroiliac tenderness and moderate right trochanteric bursa tenderness. She has a mild decrease in lumbar flexion and a moderate decrease in lumbar extension. It has been documented that she has completed 11 of 12 physical therapy sessions with improvement although no physical therapy notes have been included for review. Diagnoses include lumbago, sacroiliac joint dysfunction, and trochanteric bursitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sided SI joint injection QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Sacroiliac 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), Back, Sacroiliac injections.

Decision rationale: Sacroiliac joint injections are recommended as an option if the injured worker has failed at least 4-6 weeks of aggressive conservative therapy. Sacroiliac injections are recommended as an option for sacroiliac joint pain provided that there be 3 positive physical exam findings consistent with such a diagnosis, such as the 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; Thigh Thrust Test (POSH). There must also be a failure of aggressive conservative therapy such as physical therapy and medication. In this instance, the only supportive physical exam finding for sacroiliac dysfunction is sacroiliac joint tenderness. Therefore, right sided SI joint injection is not medically necessary.

Pelvic belt QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Sacroiliac support belt

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 (diagnosis of sacroiliac joint dysfunction).

Decision rationale: A sacroiliac support belt is recommended as an option in conservative treatment of sacroiliac joint dysfunction. However, for the diagnosis of sacroiliac joint dysfunction, three of the following physical findings must be present according to the Official Disability Guidelines (ODG): Specific 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 (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH). In this instance, the submitted physical exam findings fail to support the diagnosis of sacroiliac joint dysfunction as required by ODG guidelines. Therefore, the request for a pelvic belt is not medically necessary.

Physical Therapy, frequency and duration unspecified QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Physical Medicine Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation A sacroiliac support belt is recommended as an option in

conservative treatment of sacroiliac joint dysfunction. However, for the diagnosis of sacroiliac joint dysfunction, three of the following physical findings must be present according to ODG guidelines : Specific 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

Decision rationale: The Official Disability Guidelines (ODG) allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface, including assessment after a "six-visit clinical trial". In this instance, the type of physical therapy requested and the frequency and number of visits needed are not specified. Results of previous physical therapy treatments are not included for review. Therefore, the request for physical therapy, frequency and duration unspecified, is not medically necessary.