

Case Number:	CM14-0169625		
Date Assigned:	10/17/2014	Date of Injury:	10/29/2009
Decision Date:	11/20/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/14/2014

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 41 year old male with an injury date of 10/29/09. The 08/27/14 report by [REDACTED] states that the patient presents with continued back pain and bilateral buttock pain predominantly on the right side with some radiation into the right leg. The patient is not working. He ambulates on heels and toes in a slow guarded fashion. Examination shows tenderness in the right SI joint. Pelvic compression test produces some pain in the right SI joint, and straight leg raise is positive right, negative left. Active voluntary range of motion of the thoracolumbar spine is severely limited. Forward flex is limited to approximately 20 degrees and extend to 5-10 degrees before stopping due complaint of pain. The treating physician cites plain roentgenograms (date unknown) showing an old anterior fusion from L4 to S1. The 10/14/13 operative report shows anterior lumbar fusion L4-L5 and L5-S1. Post-operative diagnoses include:Lumbar disc herniationLumbar spinal instabilityNo patient diagnoses are provided in this report. Per the 01/14/14 AME the patient's diagnoses include:Musculoligamentous sprain/strain, cervical spine and lumbar spineStatus post anterior cervical fusion C5, C6, and C7 with possible pseudoarthrosisStatus post most recent lumbar fusion L4-5 and L5-S1.The utilization review being challenged is dated 10/06/14. Reports were provided from 10/11/11 to 08/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided sacroiliac joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: sacroiliac dysfunction

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sacroiliac joint blocks, under Hip & Pelvis Chapter

Decision rationale: The patient presents with back pain and bilateral buttock pain predominately on the right with some radiation into the right leg. The treating physician requests for Ultrasound guided sacroiliac joint injection. ODG guidelines Hip & Pelvis Chapter, Sacroiliac joint blocks topic, state that, "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed..." "Diagnosis: 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)." On 08/27/14 [REDACTED] states, "Pelvic compression test also produces some pain in the right SI joint, and the previous injection in that area was of some value. Later during this comprehensive visit, this was again injected." The 08/27/14 report is the most recent; therefore, there is no discussion of the results of the 08/27/14 injection. The date of the prior injection is unknown and there is no detailed discussion in the reports provided of the percentage of pain relief or how long the relief lasted. In this case, examination shows positive exam findings for Pelvic Compression test; however, ODG guidelines required at least 3 positive exam findings as noted above. Furthermore, ODG requires 80% diagnostic response or treatment response of 70% for 6 weeks for repeat injections. In this case, there is not sufficient documentation on examination and of prior injections to support the decision per ODG. Therefore, this request is not medically necessary.