

Case Number:	CM14-0182505		
Date Assigned:	11/07/2014	Date of Injury:	12/15/2009
Decision Date:	12/11/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/03/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 33-year-old male with a 12/15/09 date of injury. At the time (10/10/14) of request for authorization for Sacroiliac joint injection to the low back, there is documentation of subjective (low back pain associated with weakness and numbness to the bilateral lower extremities) and objective (positive pelvic thrust test, positive FABER maneuver, positive Gaenslen's maneuver, positive Stork test, and point tenderness over the right sacroiliac joint) findings, current diagnoses (hip intraarticular pathology with potentially overlapping sacroiliac joint pathology), and treatment to date (medications). There is no documentation of failure of at least 4-6 weeks of additional aggressive conservative therapy (PT and home exercise); and block to be performed under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacro Iliac Joint Injection to the low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, SI Joint Injection

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) reference to American College of Occupational and Environmental Medicine (ACOEM) Guidelines identifies that invasive techniques are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. Official Disability Guidelines (ODG) identifies documentation of at least 3 positive exam findings [such as: 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; and/or Thigh Thrust Test (POSH)]; diagnostic evaluation first addressing any other possible pain generators; failure of at least 4-6 weeks of aggressive conservative therapy (including PT, home exercise and medication management); block to be performed under fluoroscopy; and block not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block, as criteria necessary to support the medical necessity of SI joint injection. Within the medical information available for review, there is documentation of a diagnosis of hip intraarticular pathology with potentially overlapping sacroiliac joint pathology. In addition, given documentation of objective (positive pelvic thrust test, positive FABER maneuver, positive Gaenslen's maneuver, and positive Stork test), there is documentation of at least 3 positive exam findings. However, despite documentation of failure of conservative treatment (medication), there is no documentation of failure of at least 4-6 weeks of additional aggressive conservative therapy (PT and home exercise); and block to be performed under fluoroscopy. Therefore, based on guidelines and a review of the evidence, the request for Sacroiliac joint injection to the low back is not medically necessary.