

Case Number:	CM14-0024367		
Date Assigned:	06/11/2014	Date of Injury:	05/24/2011
Decision Date:	07/15/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/26/2014

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 & Rehabilitation and Pain Management 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 55-year-old male with date of injury of 05/24/2011. The listed diagnoses per [REDACTED] dated 01/08/2014 are: 1. Right L3-S1 facet joint pain. 2. Right sacroiliac joint pain. 3. Lumbar disk protrusion. 4. Lumbar stenosis. 5. Lumbar facet joint arthropathy. 6. Lumbar sprain/strain. 7. Exacerbation of preexisting depression due to chronic pain. According to this report, the patient complains of low back pain and buttock pain. The patient reports pain of 7.5/10 on the visual analog scale. The patient reports increased pain with the cold weather. The physical exam shows there is tenderness on mild palpation of the lumbar paraspinal muscles overlying the right L3-S1 facet joints and right sacroiliac joint. Lumbar ranges of motions were restricted by pain in all directions. Lumbar extension was worse than lumbar flexion. Lumbar facet joint provocative maneuvers were positive. Nerve root tension signs were negative bilaterally. Clonus, Babinski's, and Hoffmann's signs are absent bilaterally. The remainder of the examination is unchanged from the previous visit. The utilization review denied the request on 01/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLOUROSCOPICALLY GUIDED DIAGNOSTIC BILATERAL SACROILIAC JOINT INJECTION: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 have the following regarding SI joint injections in their Pelvic/Hip chapter.

Decision rationale: This patient presents with chronic low back and buttock pain. The treater is requesting fluoroscopically-guided diagnostic bilateral sacroiliac joint injection. The MTUS and ACOEM Guidelines do not address sacroiliac joint injections, however, ODG guidelines recommends SI joint injections as an option if the patient has 3 positive exam findings for SI joint syndrome; diagnostic evaluation have addressed other possible pain generators; failed at least 4-6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management. The operative report dated 07/11/2013 shows that the patient underwent a lumbar diagnostic facet joint medial branch block in 3 levels namely L4, L5, and S1. The report dated 10/11/2013 documents that the treater tested for sacroiliac joint provocative maneuvers including Patrick's, Gaenslen's maneuver, and pressure at the sacral sulcus. The treater noted on 01/08/2013 that the patient's medial branch block from 07/11/2013 offered no relief from pain. In this case, while the patient shows tenderness of the lumbar paraspinal muscles overlying the right L3-S1 facet joints and right sacroiliac joint, and appears to have positive SI (Sacroiliac) joint maneuvers. Therefore, the request for flouroscopically guided diagnostic bilateral sacroiliac joint injection is medically necessary and appropriate.