

Case Number:	CM14-0025794		
Date Assigned:	06/13/2014	Date of Injury:	04/23/2013
Decision Date:	07/21/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/28/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 43 year old female with a date of work injury 4/23/13. The diagnoses include sprains/strains other specified sites of sacroiliac region, neck sprain and strain, and sprain/strain of the lumbar region. Under consideration is one diagnostic injection to the right sacroiliac joint. There is a 10/21/13 document that states that the patient has continued pain despite conservative treatment of NSAIDs, 12 PT, 6 acupuncture and modified duty. She continues to report non-radiating pain in the left SIJ region. A 10/15/13 lumbar MRI indicated that the patient has no significant abnormality. An 11/20/13 office visit revealed that the patient has chronic mild pain in the neck and low back despite conservative treatment. The patient described the pain as constant and activity-related, dull aching in character and localized at low back area. The pain is aggravated by bending and lifting. The pain is alleviated with heat and Naprosyn. She denies any numbness or weakness. She denies bladder dysfunction, saddle anesthesia from the low back neck pain. She denies fevers or chills or unexplainable weight loss. The previous treatments includes Physical Therapy, acupuncture treatments and injections in the past. Focused examination reveals that there is normal right and left hip normal range of motion and no tenderness. The low back exam exhibits tenderness (R SI joint), deformity (Positive R Patrick's and Gaenslen's) and pain. She exhibits no spasm. Her bilateral upper legs reveal no tenderness and no deformity. The patient is alert with no weakness, facial symmetry and normal speech. There is no sensory deficit. She has a normal Straight Leg Raise Test. Gait normal. She displays no Babinski's sign on the right or left side. Her patella and Achilles reflexes are 2+ on the right side and 2+ on the left side. She is able to do a single squat, walk on toes and heels without difficulty. The treatment plan includes recommending a right sacroiliac joint injection with cortisone. A 1/29/14 physical exam revealed decreased lumbar spine range of motion and

paraspinal tenderness. There is a negative straight leg raise. Both hips have normal range of motion, are nontender and reveal no deformity. The BLE motor exam and sensory and reflex exam revealed no deficits. There is no atrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 DIAGNOSTIC INJECTION INTO THE RIGHT SACROILIAC JOINT: 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 (Acute and Chronic).

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.

Decision rationale: One diagnostic injection to the right sacroiliac joint is not medically necessary per the ODG guidelines. The MTUS was reviewed but does not specifically address sacroiliac injections. The ODG states that there should be at least three positive sacroiliac tests for motion, palpation, and provocation. The medical records reviewed do not indicate these findings on documented physical examinations therefore one diagnostic injection to the right sacroiliac joint is not medically necessary.