

Case Number:	CM14-0034813		
Date Assigned:	06/20/2014	Date of Injury:	08/28/2012
Decision Date:	07/18/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/20/2014

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 50 year-old male with a date of injury of 08/28/2012. The diagnosis per [REDACTED] is sacroiliitis. According to progress report 01/22/2014 by [REDACTED], the patient presents with back pain. The patient reports minimal relief from prior radiofrequency ablation. She continues to have mostly axial back pain worse on the left. The pain seems to be located in the junction between the pelvis and the lumbar spine. She does note pain directly over left greater than right PSIS. Examination of the lumbosacral paraspinal region notes bilateral lumbosacral paraspinal tenderness to palpation with restrictions in mostly extension or flexion secondary to pain. She has positive Gaenslen's tests bilaterally which produces pain to the sacroiliac joint and a positive Patrick's test bilaterally. The treater is recommending a bilateral sacroiliac joint injection for both diagnostic and therapeutic purpose. Utilization review denied the request on 02/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroiliac Joint Injection: 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, 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) ODG guideline have the following regarding SI joint injections in their Pelvic/Hip chapter.

Decision rationale: The ODG guidelines states that SI joint injections are not supported without objective findings consistent with sacroiliitis. ODG guidelines states, Criteria for the use of sacroiliac blocks: 1. the history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings. [REDACTED] on 01/23/2013 reported, two confirmatory tests indicating SI joint mediated pain, positive Gaenslen's and Patrick's test. ODG requires at least three positive exam findings for consideration of sacroiliac joint injection. Furthermore, the treater reports pain in the paravertebral region and PSIS, those areas are not related to SI joint pain. Therefore, recommendation is for denial.