

Case Number:	CM14-0037047		
Date Assigned:	06/25/2014	Date of Injury:	10/01/2013
Decision Date:	07/25/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/27/2014

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 46-year-old female with an injury date on 10/01/2013. Based on the 02/27/2014 progress report provided by the provider, the diagnoses are: bilateral sacrolitis, right lumbar radiculopathy, and left LS-S1 radiculopathy. The exam on 02/27/2014 shows numbness bilaterally in the feet accompanied by tingling, right leg more than left leg, lumbar paraspinals muscle tender to palpate bilaterally, decreased sensation in the right L5 dermatome, positive FABER (Flexion, Abduction, External Rotation, and Extension) bilaterally, and tenderness at the sacroiliac joints. MRI (magnetic resonance imaging) of the lumbar spine dated 06/08/2013, shows moderate L2 central stenosis. Electromyography (EMG) on 12/09/2013 shows left L5-S1 radiculopathy. The provider is requesting sacroiliac injection with fluoroscopy. The utilization review determination being challenged is dated 03/03/2014. The provider is the requesting provider, and he provided treatment reports from 11/15/2013 to 03/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroiliac Injection With Fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Guidelines, Section Definition, and Official Disability Guidelines, Criteria for the use of sacroiliac blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of sacroiliac blocks.

Decision rationale: This patient presents with lower back and right leg pain that are at a 2-3/10. The request is for bilateral sacroiliac injection with fluoroscopy, "in an attempt to help decrease her pain and increase her activity level." Review of the reports does not show any evidence of prior sacroiliac joint injection(s). The patient has 50-75% reduction of pain with medication but still has residual pain. Regarding sacroiliac joint injections, the Official Disability Guidelines (ODG) guidelines recommend sacroiliac (SI) joint injection when examination shows three positive SI joint maneuvers. In this case, the treating physician documents tenderness over the SI joint and positive Faber's only. The patient does not present with a history of pelvic fracture or a fall injury that typically can result in SI joint problem. As such, the recommendation is for denial.