MAXIMUS Federal Services

Case Number:	CM14-0044669		
Date Assigned:	07/02/2014	Date of Injury:	01/18/2011
Decision Date:	08/28/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/11/2014

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 and is licensed to practice in Illinois. 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 injured worker is a 62-year-old female who reported an injury on 01/18/2011. The mechanism of injury was noted as a slip and fall. The injured worker's diagnoses included depression; insomnia; right rotator cuff tear, post-op 05/02/2012; cervical sprain/strain; and lumbar spine sprain/strain. Previous treatments included epidural steroid injections (ESI) at L5-S1 and an ESI at C7-T1. Other therapies also included cognitive behavioral therapy and postoperative physical therapy. Diagnostic studies included MRI of the lumbar spine on 05/13/2013; unofficial results revealed multiple levels of foraminal and lateral recess stenosis, mild central stenosis at L2-3 and L3-4, multilevel degenerative disc disease up to moderate degree throughout most of the lumbar spine with associated protrusions, mild retrolisthesis at L3-4, associated with degenerative disc, multiple disc bulges most significant at L3-4 with a 4 to 5 mm disc protrusion, 3 to 4 mm disc protrusion at L5-S1, L4-5, and L2-3. Diagnostic studies included MRI of the cervical spine on 04/21/2011; unofficial results revealed at C3-4, C4-5, C5-6 there were 1.5 mm broad-based posterior disc bulges, causing mild indentation of the anterior thecal sac; there was spinal stenosis with a minimal anteroposterior diameter of the cervical canal. Surgical history included right rotator cuff repair on 05/02/2012. It was noted on the progress report dated 06/20/2014, the injured worker complained of neck pain which radiates down the right side of her entire arm, right shoulder pain with limited range of motion, low back pain that radiates down to both legs, and continues to feel depressed about her pain and financial situation. The objective findings noted tenderness to palpation of the lower cervical spine, as well as in the para-axial musculature. The documentation noted tenderness of the lumbar spine with limited range of motion. The lumbar spine range of motion revealed flexion to 20 degrees, extension to 5 degrees, left lateral bending to 16 degrees, and right lateral bending to 30 degrees. There was positive straight leg raising test on the left at 23 degrees and on the right at 15

degrees. The injured worker's medications included Tramadol 50mg, naproxen 550mg, and Prilosec 20mg; the frequencies of the medications were not provided in the medical records submitted for review. The provider requested a right sacroiliac joint injection. The rationale for the requested treatment was not provided in the medical records submitted for review. The Request for Authorization form was not provided in the medical records submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sacroiliac Joint Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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: The injured worker has a history of neck, shoulder and lower back pain. The California MTUS/ACOEM Guidelines do not address sacroiliac joint injections. The Official Disability Guidelines (ODG) recommend sacroiliac joint blocks as an option, if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The guidelines state that specific tests for motion palpation and pain provocation have been described for sacroiliac (SI) joint dysfunction; and those tests include cranial shear test, extension, flamingo, Fortin finger, Gaenslen's test, Gillett's test (one-legged stork test), Patrick-Fabere test, pelvic compression, pelvic distraction, pelvic rock, resisted abduction, sacroiliac shear, standing flexion, seated flexion, and thigh thrust test. The guidelines further state the criteria for the use of a SI block includes a history and physical that should suggest the diagnosis (with documentation of at least 3 positive exam findings, as previously listed above). The documentation submitted noted the injured worker has a history of neck, shoulder, and back pain and to have received a lumbar and cervical epidural steroid injection and participated in postoperative physical therapy. However, the documentation provided did not indicate if the injured worker participated in physical therapy treatments for the hip and pelvic region and subsequently failed to improve functional capacity therapy. The documentation failed to provide any significant objective functional deficits to warrant the procedure. The documentation provided did not indicate an objective positive finding for any of the suggested test for SI joint dysfunction. As such, the request for a right sacroiliac joint injection is not medically necessary.