

Case Number:	CM14-0058926		
Date Assigned:	07/09/2014	Date of Injury:	04/29/2013
Decision Date:	09/19/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/29/2014

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 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 53 year old female who was injured on 04/29/2013 when she slipped and fell, landing in a sitting position with the right leg bent. Prior treatment history has included Tylenol and Ultram. Progress report dated 03/17/2014 documented the patient to have complaints of pain radiating to right buttock to hip, with a pain rating of 9/10. Objective findings on exam revealed she ambulated with a cane in right hand without footdrop. She had difficulty with heel-to-toe walking. Straight leg raise (SLR) was questionably positive on the right. Range of motion in the bilateral lower limbs was full, but decreased in the right hip due to the pain. The lumbar spine revealed mildly decreased range of motion due to the right buttock and groin area pain. No focal weakness was noted and sensation was intact at bilateral lower limbs. Patrick test is positive at the right SI joint and hip, and negative at the left sacroiliac joint and hip. She has tenderness at the right groin area, right sacroiliac joint, and right buttock area without muscle spasms. She has had physical therapy that did not help. Diagnoses are right buttock/hip/groin area strain/sprain; and right SI joint dysfunction. She has been recommended for physical therapy and right sacroiliac joint steroid injection under fluoroscopic guidance. Prior utilization review dated 04/10/2014 states the request for right sacroiliac joint injection under fluoroscopic guidance is denied as there is no evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

right sacroiliac joint injection under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hips and Pelvis, Sacroiliac joint blocks.

Decision rationale: According to ODG Guidelines, the sacroiliac joint blocks are recommended when the patient meets the following criteria: History and physical exam should suggest the diagnosis with documentation of at least 3 positive exam findings and the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. In this case, however, there is no evidence of at least 3 positive findings, and there is no documentation of aggressive conservative therapy; such as PT, home exercise and oral NSAIDs / steroids. Therefore, due to a lack of documentation of failed conservative measures, the request is not medically necessary.