

Case Number:	CM14-0067090		
Date Assigned:	07/11/2014	Date of Injury:	06/15/2011
Decision Date:	09/15/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/12/2014

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 Occupational Medicine 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:

This is a 42 year old male with a 6/15/11 date of injury. The exact mechanism of injury was not described. On 3/20/14, he complains of centralized low back pain. Examination on 3/20/14 of the lumbar spine shows tenderness to palpation over the paraspinal muscles. There is decreased ROM noted with flexion and extension. There is positive SLR test noted bilaterally at 45 degrees. It was also noted that lumbar facet injections have been helping with the radicular leg pain. Diagnostic impression: lumbar/lumbosacral disc degeneration. Treatment to date: lumbar facet injection, medication management, home exercise, A UR decision 4/8/14 denied the request for right sacroiliac joint injection under fluroscopy on the basis that the patient does not meet several criteria: At least 3 positive exam findings for SI joint dysfunction were not identified, and at least 4-6 weeks of aggressive conservative therapy including PT, home exercise, and medication management are not documented.

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 fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Hip & Pelvis Chapter Sacroiliac joint blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis chapter; sacroiliac joint injections.

Decision rationale: CA MTUS states that sacroiliac joint injections are of questionable merit. In addition, ODG criteria for SI joint injections include clinical sacroiliac joint dysfunction, failure of at least 4-6 weeks of aggressive conservative therapy, and the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings). Positive exam findings for SI joint dysfunction include but are not limited to tenderness to palpation of the SI joint, positive figure-of-four test, and resisted abduction test. However, none of these exam findings for SI joint dysfunction were documented. In addition, there are no imaging studies available that support SI joint pathology. Therefore, a diagnosis that would justify SI joint injection is in question. In addition, the patient was not noted to have aggressive conservative treatment that includes at least 4-6 weeks of physical therapy. Therefore, the request for right sacroiliac joint injection under fluoroscopy was not medically necessary.