

Case Number:	CM14-0073921		
Date Assigned:	07/16/2014	Date of Injury:	11/16/2013
Decision Date:	08/27/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/21/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a female with a 11/16/13 date of injury. At the time (4/30/14) of the Decision for Left S1 joint injection, there is documentation of subjective (moderate low back pain in left radiating to left leg) and objective (tenderness to palpation noted over paravertebral muscles, sacroiliac joint and piriformis muscle on left side, lumbar facet loading negative bilaterally, positive FABER, and positive Gillet test) findings, current diagnoses (sacroiliac sprain and sprain of lumbar region), and treatment to date (medications (including Flector patch and naproxen), physical therapy (6 sessions), chiropractic therapy, and home exercise program). 5/14/14 medical report identifies a plan for sacroiliac joint injection to reduce joint pain and ensure a successful outcome from a course of active therapy and that patient has failed a home exercise program. There is no documentation of an additional positive exam finding, diagnostic evaluation first addressing any other possible pain generators, and block to be performed under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left S1 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), 11th Edition (web) 2013, Hip & Pelvis, 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 & Pelvis Chapter, SI Joint Injection.

Decision rationale: MTUS reference to ACOEM Guidelines identifies that invasive techniques are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. ODG identifies documentation of at least 3 positive exam findings [such as: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; and/or Thigh Thrust Test (POSH)]; diagnostic evaluation first addressing any other possible pain generators; failure of at least 4-6 weeks of aggressive conservative therapy (including PT, home exercise and medication management); block to be performed under fluoroscopy; and block not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block, as criteria necessary to support the medical necessity of SI joint injection. Within the medical information available for review, there is documentation of diagnoses of sacroiliac sprain and sprain of lumbar region. In addition, there is documentation of failure of at least 4-6 weeks of aggressive conservative therapy (physical therapy, home exercise, and medication management), and block not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block. Furthermore, there is documentation of two positive exam finding (Patrick's Test (FABER) and Gillet's Test). However, there is no documentation of an additional positive exam finding [Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; and/or Thigh Thrust Test (POSH)]. In addition, there is no documentation of diagnostic evaluation first addressing any other possible pain generators and block to be performed under fluoroscopy. Therefore, based on guidelines and a review of the evidence, the request for Left S1 joint injection is not medically necessary.