

Case Number:	CM14-0075836		
Date Assigned:	07/16/2014	Date of Injury:	10/27/2010
Decision Date:	08/14/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/23/2014

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 Emergency 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:

The patient reported date of injury on 10/27/2010. Mechanism of injury was as a fall out of an ambulance causing abduction of both hips causing severe pain to left hip. Patient has a diagnosis of L trochanteric bursitis, sacroiliac (SI) joint dysfunction and back pains. Left shoulder injury (not related to this review) and other cardiac and gastrointestinal issues. Medical records from primary treating physician reviewed. The last report available dated 5/8/14. Several reports are hand written and hard to read due to legibility. Recent reports are very brief and information provided is limited. In those reports, patient complains of right sided back pain and left hip pain. Objective exam reveals positive Patrick's test, pain to bilateral SI joints. Most complete report is from 4/2/13. In that report, patient complains of left shoulder and low back pains along with left hip pains. There is nothing mentioned about right hip or right low back pain or problems in that report. Objective exam of low back had tenderness to right lumbosacral paraspinal area. No spasms were noted. Flexion to 40 degrees with decreased rotation. Straight leg positive to 70 degrees bilaterally. Noted left groin pain with test. Lasegue's test negative and Fabere's positive on the right side. Hypersensitivity on left foot. Normal motor strength. Hip exam on right side was normal. Left hip had limited range of motion (ROM) and pain on movement. Most of prior complains are related to left hip and right back complaints. There are only a few recent reports complaining of right hip pains. Magnetic resonance imaging (MRI) of lumbar spine (7/1/11) reveals 2mm broad based protrusion in right neural foramen causing mild neural foraminal narrowing. 3mm broad based disc bulge at L3-4 likely annular fibrosis tear. L2-3 with right neural foraminal narrowing. Computerized tomography (CT) of pelvis (12/14/11) reveals degenerative changes to spine, partial thickness tear to distal insertion of left gluteus minimus tendon with fatty atrophy of muscle. Medication list include Ultram, Voltaren and Vicodin. Patient had reported left sacroiliac and bursa injection on 3/17/14 and 4/4/14 done in the officer.

Patient had reported CT guided lumbosacral steroid injections done on 1/22/14. Patient has also reported epidural steroid injection of L4-5 on 7/29/11; bilateral L3-4, L4-5 and L5-S1 zygapophyseal joint injection on 12/16/11. Patient has had physical therapy but most has been directed at left hip, pelvic girdle and back. Independent Medical Review is for right sacroiliac joint injection (image guided). Prior UR on 5/15/14 recommends non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Image guided right sacroiliac 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-Treatment in Workers' Compensation (ODG-TWC), Hip & Pelvis Procedure Summary.

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 (acute and chronic), Sacroiliac Joint Blocks.

Decision rationale: MTUS Chronic Pain and ACOEM guidelines do not adequately have any headings or chapters related to this topic. As per Official Disability Guidelines, sacroiliac (SI) joint blocks may be recommended after 4-6 weeks of failed conservative therapy and has to meet criteria. The provided documentation fails to meet criteria. Patient does not meet the proper documented objective findings to support a diagnosis of SI joint dysfunction, patient has other obvious causes of pain including spinal pathology and patient has no documented prior conservative intervention on the right hip/SI joint. The requested right sacroiliac joint injection is not medically necessary.