

Case Number:	CM14-0076215		
Date Assigned:	07/16/2014	Date of Injury:	05/20/2013
Decision Date:	10/03/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/22/2014

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 50 year old female with a 5/20/13 date of injury. The patient was a passenger in a plane that stopped suddenly prior to takeoff, causing pain in her lower back. In a follow-up on 4/25/14, subjective complaints include lower back pain radiating into her right hip and right lower extremity. Objective findings include restricted lumbar ROM with flexion to 50 degrees and extension to 15 degrees, positive lumbar facet loading on the right side, positive SLR on the right side in sitting position at 85 degrees, tenderness over the sacroiliac spine, positive Fortin's test, and decreased sensation over the L4 and L5 dermatomes on the right. An MRI of the lumbar spine on 9/4/13 showed multilevel posterior disc bulging and herniated discs, the L5-S1 disc touches both S1 nerve roots in the spinal canal and impinges upon the right exiting nerve root, and multilevel facet joint arthropathy. Diagnostic impression: lumbar radiculopathy, lumbar facet syndrome. Treatment to date: physical therapy, home exercise, TENS unit, several epidural steroid injections, facet joint injections, trigger point injections, right trochanteric bursal injection, and right hip injection. A UR decision on 5/21/14 denied the request for right SI-joint injection on the basis that objective exam findings did not support medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Right Sided 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, Sacroiliac 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.

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). In the present case, although there is documentation of a positive Fortin's test on exam, there are no other positive objective findings for SI joint dysfunction. In addition, the extent, duration, and progress made in prior physical therapy are not documented. There is limited evidence to support the medical necessity of this procedure. Therefore, the request for Trial of Right Sided Sacroiliac Joint Injection is not medically necessary.