

Case Number:	CM14-0076279		
Date Assigned:	07/18/2014	Date of Injury:	12/27/2007
Decision Date:	10/29/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/26/2014

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 injured worker is a 49-year-old female with a reported injury on 12/27/2007. The mechanism of injury was not provided. The injured worker's diagnoses included lumbar postlaminectomy syndrome, lumbosacral spondylosis, lumbar disc degeneration, and sacroiliitis. The injured worker's past treatments included medications, physical therapy, a home exercise program, psychiatric evaluation, a home health aide, and a spinal column stimulator trial initiated 01/28/2014 which provided 60% improvement in pain. The injured worker's diagnostic testing included a lumbar spine CT and MRI on 07/11/2013. She also had a lumbar spine MRI on 10/17/2013 which showed postsurgical changes at L4-S1 without significant spinal canal or neural foraminal narrowing. There was a small residual postsurgical seroma suspected at the L5-S1 level. Undated electrodiagnostic studies revealed chronic L5 nerve root abnormality on the left with no evidence of acute lumbosacral radiculopathy, neuropathy, or myelopathy. The injured worker's surgical history included a posterior lumbar interbody fusion and an anterior lumbar interbody fusion in 2012. The injured worker was evaluated on 04/30/2014 for her complaints of bilateral sacroiliac joint pain. The injured worker stated that stretching exercises had not helped the sacroiliac joint pain. The injured worker rated her pain as an 8/10. The clinician observed and reported pain with lumbar range of motion and bilateral lower extremity pain. There was positive sacral sulcus tenderness bilaterally with palpation. A Faber's test was positive bilaterally. The request was for bilateral sacroiliac joint injections. No rationale for the request was provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SIJ (sacroiliac joint) Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, SACROILIAC JOINT BLOCKS

Decision rationale: The injured worker did complain of sacroiliac joint pain. The Official Disability Guidelines recommend sacroiliac joint blocks once certain criteria have been met. The first criterion is that the history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings such as the cranial shear test, extension test, flamingo test, Fortin finger test, Gaenslen's test, Gillet's test, Patrick's test or Faber, pelvic compression test, pelvic distraction test, pelvic rock test, resisted abduction test, sacroiliac shear test, standing flexion test, seated flexion test, or thigh thrust test. Additionally, blocks must be performed under fluoroscopy. On 04/30/2014 the injured worker was described as having positive sacral sulcus tenderness bilaterally with palpation and had bilateral positive Faber's. This evaluation does not meet the Guideline criteria for diagnosis. Additionally, the request did not include fluoroscopy for guidance. Therefore, the request for bilateral sacroiliac joint injections is not medically necessary.