

Case Number:	CM14-0098470		
Date Assigned:	07/28/2014	Date of Injury:	10/12/1993
Decision Date:	09/30/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/26/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 69-year-old male who reported an injury on 10/12/1993. The mechanism of injury was not provided for clinical review. The diagnoses included left lumbar facet pain, left piriformis syndrome post radiofrequency ablation, and left sacroiliac joint pain. The previous treatments included radiofrequency ablation, medication, physical therapy, surgery, and sacroiliac injections. Within the clinical note dated 07/29/2014, it was reported the injured worker complained of low back pain. The injured worker reported having right sided groin pain and around the back. Upon the physical examination, the provider noted the injured worker had no facet joint tenderness. The injured worker had improved lumbar extension/rotation. The provider noted the injured worker had tenderness at the left piriformis muscle and tenderness in the bilateral sacroiliac joint. The provider noted the faber test, pelvic distraction test, and resisted adduction test all reproduced pain in his bilateral sacroiliac joint and discomfort with flexion and internal rotation of the hips bilaterally. The provider requested sacroiliac joint injections; however, rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac joint (S1) injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Duration Guidelines,

Treatment in Workers Compensation,2014 web-based edition;
http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Hip/Pelvis, Sacroiliac Joints Injections.

Decision rationale: The Official Disability Guidelines recommend sacroiliac joint injections as an option if the injured worker has failed at least 4 to 6 weeks of aggressive conservative therapy as indicated below. The History and Physical should suggest the diagnosis with documentation of at least 3 positive exam findings, as specific test for motion, palpation, and pain provocation has been described for sacroiliac joint dysfunction including cranial shear test, extension test, Flamingo test, Fortin's finger test, Gaenslen's test, Gillet test, faber test, and pelvic compression test. There is a lack of documentation indicating the injured worker failed on aggressive conservative therapy for at least 4 to 6 weeks. There is a lack of significant documentation indicating the provider documented at least 3 positive exam findings for specific tests for motion, palpation, and pain provocation. There is lack of significant neurological deficits warranting the medical necessity for the request. Therefore, the request is not medically necessary.