

Case Number:	CM14-0197719		
Date Assigned:	12/08/2014	Date of Injury:	01/31/1998
Decision Date:	01/23/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, has a subspecialty in Interventional Spine, 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:

a 52-year-old male with an injury date of 01/31/98. Based on the 10/09/14 progress report, the patient complains of increased pain over the bilateral sacroiliac joints and low back pain. Physical examination on 10/09/14 showed tenderness over the sacroiliac joint with positive Fortin's test, increased pain with pelvic compression and distraction, positive Gaenslen's test, and pain over sacroiliac joint with single limb stance. Treater states that findings are consistent with sacroiliac joint dysfunction. Per progress report dated 10/09/14, opioid regimen of Norco and Skelaxin reduces pain from 9/10 to 6/10, and Soma is taken for episodic flare-ups. Prior treatment of bilateral radiofrequency ablation at L4-5 with 50% relief of pain was noted on 05/19/14. No documentation of physical therapy or home exercises. Diagnosis 10/09/14: Degenerative disc disease, L4-5 and L5-S1 Grade 1 Spondylolisthesis, L4-5 with inferior disc herniation and annular tear Disc herniation, L5-S1 The utilization review determination being challenged is dated 10/25/14. The rationale is lack of documentation for conservative treatment. Treatment reports were provided from 04/30/14 - 10/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) bilateral SI joint injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, SI joint injections

Decision rationale: Patient presents with increased pain over the bilateral sacroiliac joints and low back pain. The request is for ONE (1) BILATERAL SI JOINT INJECTION. Patient's diagnosis on 10/09/14 included degenerative disc disease, L4-5 and L5-S1; grade 1 Spondylolisthesis with inferior disc herniation and annular tear; and disc herniation L5-S1. Physical examination on 10/09/14 showed tenderness over the sacroiliac joint with positive Fortin's test, increased pain with pelvic compression and distraction, positive Gaenslen's test, and pain over sacroiliac joint with single limb stance. Prior treatment of bilateral radiofrequency ablation at L4-5 with 50% relief of pain was noted on 05/19/14. ODG guidelines, Low Back Chapter under SI joint injections states: " Treatment: There is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block. ODG further states that, "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed..." "*Diagnosis: *Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: 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; Thigh Thrust Test (POSH)." UR letter dated 10/25/14 states "... lack of documentation for conservative treatment." Treater has not provided reason for the request, however he states that physical examination findings on 10/09/14 are consistent with sacroiliac joint dysfunction. In this case, patient has been on opioid regimen and continues with pain. Three positive diagnostic tests for SI joint dysfunction criteria have been documented. Review of medical records do not show patient has had prior SI joint injection. The request meets guideline indications, therefore it IS medically necessary.