

Case Number:	CM14-0095362		
Date Assigned:	07/25/2014	Date of Injury:	04/09/2009
Decision Date:	02/11/2015	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/23/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 female patient with the date of injury of April 9, 2009. A Utilization Review dated May 28, 2014 recommended non-certification of outpatient bilateral sacroiliac joint (SI) injections under fluoroscopy. A Progress Report dated May 14, 2014 identifies Subjective Complaints of low back pain down bilateral hips, described as 8/10, constant, worse with driving, better with rest. Objective Findings identify tenderness to palpation in the lumbosacral region. Tenderness to palpation along the SI joints bilaterally. Range of motion is limited with flexion and extension and bilateral lateral rotation. Sensation is decreased to light touch bilaterally at L4-5 and L5-S1 distribution. 4/5 strength in bilateral L4 and L5 myotomes. Positive straight leg test bilaterally. Positive Patrick maneuver bilaterally. Impression identifies sacroiliitis, lumbago, lumbar radiculopathy, and lumbar stenosis. Plan identifies bilateral SI joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SI Joint Injection under fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Hip and Pelvis Chapter, Sacroiliac Blocks.

Decision rationale: Regarding the request for bilateral SI joint injection under fluoroscopy, guidelines recommend sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The criteria include: history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Within the documentation available for review, there is note of two positive exam findings suggesting a diagnosis of sacroiliac joint dysfunction. However, there is no indication of at least one additional positive examination finding, as recommended by guidelines. Additionally, there is no note of failure of conservative treatment directed towards the sacroiliac joint for at least 4-6 weeks. Furthermore, it is unclear whether all other possible pain generators have been addressed. In the absence of clarity regarding these issues, the currently requested bilateral SI joint injection under fluoroscopy is not medically necessary.