

Case Number:	CM15-0007058		
Date Assigned:	01/26/2015	Date of Injury:	03/21/1997
Decision Date:	03/20/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old female, who sustained an industrial injury on March 21, 1997. The diagnoses were not documented. Treatment to date has included Sacroiliac joint injections most recent being done on September 15, 2014, oral anti-inflammatory medications and pain medication, home exercise program. The injured worker current complaints were not documented for the office visit on November 21, 2014. On January 7, 2015 Utilization Review non-certified a Retro bilateral Sacroiliac joint injection quantity 2, noting, Official Disability Guidelines was cited. The injured worker submitted an application for IMR for review of Retro bilateral sacroiliac joint injection quantity 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint injection, quantity of two, provided on September 15, 2014:

Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter under SI joint injections

Decision rationale: The patient, a 65-year-old female with an injury date of 03/21/97, presents with chronic recurrent bilateral sacroiliitis. The request is for retrospective BILATERAL SACROILIAC JOINT INJECTION QUANTITY OF TWO, PROVIDED ON SEPTEMBER 15, 2014. The RFA provided is dated 07/30/14. Physical examination revealed tenderness over the inferior aspect of both sacroiliac joints. Patient's diagnosis included Sacroiliitis. Patient's medications included Tramadol and carisoprodol. The patient has been on partial disability since 2005. 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 SIjoint 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)."Per the Phone Assessment Eval for CUP Patients report dated 05/21/14, after receiving a sacroiliac joint injection on 02/27/14, the patient experienced 80% reduction of pain for the duration of 2-1/2 to 3 months. The patient was able to cut back on Tramadol and perform yard work and house work. Per the operative report dated 09/15/14, the patient underwent another injection on 06/04/14 which resulted in greater than 50% reduction in pain. In this case, although the functional improvements and pain reduction benefits following the prior injections are acknowledged, there is no documentation of at least 4-6 weeks failure of conservative care, as required by the guidelines. Furthermore, ODG guidelines require documentation of at least 3 positive exam findings which were not reflected in the provided medical reports. The request did not meet ODG guidelines in its entirety. The request IS NOT medically necessary.