

Case Number:	CM15-0102716		
Date Assigned:	06/05/2015	Date of Injury:	11/03/2012
Decision Date:	07/03/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/28/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 45 year old female, who sustained an industrial injury on 11/03/2012. She reported pulling a pallet and feeling a rip with numbness and tingling in her back. Her initial diagnosis was sciatica. The injured worker was currently diagnosed as having L5-S1 disc degeneration, L5-S1 grade 1 spondylolisthesis, right L5 radiculopathy, L5-S1 right sided foraminal stenosis, right hip arthritis, right shoulder pain, and right and left sacroiliitis. Treatment to date has included diagnostics, medications, surgical intervention to the lumbar spine (L5-S1 fusion) on 2/05/2014 and subsequent removal of two screws from her back (2/19/2014), and medications. The Qualified Medical Examination (2/27/2015) referenced prior pain management consultation with injections in her low back, which did not help. Currently, the injured worker complains of bilateral buttock pain in the sacroiliac region. She was seen by another physician, who recommended physical therapy for her right shoulder. Exam of her back noted mild numbness in the L4 region. Range of motion was full and strength was 5/5. FABER testing was positive bilaterally. Exam of the right shoulder noted positive impingement sign. The recommendation included bilateral SI (sacroiliac) joint injections and pain management consultation. It was documented that after the SI joint injections, it was felt that she will have reached MMI (maximum medical improvement).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral S1 joint injections x 1: 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), Hip & Pelvis - Sacroiliac joint blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pelvis.

Decision rationale: CA MTUS/ACOEM is silent on the issue of sacroiliac joint injection. According to the ODG Hip and Pelvis, Sacroiliac joint blocks it is recommended as an option if 4-6 weeks of aggressive conservative therapy has been failed. In addition, there must be at least 3 positive exam findings such as a pelvic compression test, Patrick's test and pelvic rock test. In this case there is no evidence of abnormal radiographic appearance of the SI joint and FABER test is the only positive finding on the exam note of 2/27/15 therefore the guideline criteria have not been met and the request is not medically necessary.

Pain management consult for bilateral S1 joint injections: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pelvis.

Decision rationale: CA MTUS/ACOEM is silent on the issue of sacroiliac joint injection. According to the ODG Hip and Pelvis, Sacroiliac joint blocks it is recommended as an option if 4-6 weeks of aggressive conservative therapy has been failed. In addition, there must be at least 3 positive exam findings such as a pelvic compression test, Patrick's test and pelvic rock test. In this case there is no evidence of abnormal radiographic appearance of the SI joint and FABER test is the only positive finding on the exam note of 2/27/15 therefore the guideline criteria have not been met and the request is not medically necessary. As the injection is not medically necessary, the referral to a specialist for injection is not medically necessary.