MAXIMUS Federal Services

Case Number:	CM15-0104275		
Date Assigned:	06/05/2015	Date of Injury:	05/13/1996
Decision Date:	07/10/2015	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, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 68 year old female, who sustained an industrial injury on 5/13/96. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar disc degenerative disease; spinal stenosis with neurogenic claudication; back pain; lumbar radiculopathy; sacroiliitis. Treatment to date has included transforaminal epidural steroid injection left l4-5 (9/5/14); medications. Diagnostics included MRI (1/17/14). Currently, the PR-2 notes dated 5/14/15 indicated the injured worker complains of back pain and symptoms are unchanged with the severity of pain as moderate. Her symptoms are notes to be exacerbated by exercise and standing and alleviated by water therapy, medications and walking. The medications documented currently are Celebrex, Soma, Neurontin, Norco, Maxride, Invokana, Crestor and Metformin. The symptoms are described as constant and rated at 6/10 across the lumbar spine. On physical examination the provider documents facial expressions of the injured worker indicates feeling pain. Her strength and motor notes lower extremities 5/5 bilaterally, sensation overall intact to light touch; deep tendon reflexes overall intact and gait notes no antalgic or ataxia. Musculoskeletal status of head and neck notes overall a traumatic with tenderness on palpation of the left sacroiliac joint, positive Patrick's test, - left; positive compression test, positive pelvic distraction test; positive Gaenslen's test left; positive Gillet's left; positive pelvic distraction and compression test left. The injured worker expresses she is excited as she has no more pain in the lower extremities after the left L4-5 transforaminal epidural steroid injection on 9/5/14. The only pain limiting her activities is the left sided sacroiliac joint (SIJ) which is rather tender as noted by the provider. The SIJ stress test was

positive on the left and the provider is recommending a SIJ injection to address the injured workers severe pain. He documents she has failed conservative treatment including physical therapy, home exercise and medications at this time. The provider is requesting a Left Sacroiliac Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left SI Joint Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 sacroiliac joint injections, 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 indication of at least three positive examination findings suggesting a diagnosis of sacroiliac joint dysfunction but not a failure of conservative treatment directed towards the sacroiliac joint for at least 4-6 weeks. A general failure of physical therapy is mentioned however this was also mention in the months prior when an epidural was requested and at that time the patient did not have a positive examination for any sacroiliitis. In the absence of clarity regarding these issues, the currently requested sacroiliac joint injections are not medically necessary.