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| Case Number: | CM15-0104337 | | |
| Date Assigned: | 06/08/2015 | Date of Injury: | 07/10/1996 |
| Decision Date: | 08/17/2015 | UR Denial Date: | 05/20/2015 |
| Priority: | Standard | Application Received: | 06/01/2015 |

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old female, who sustained an industrial injury on 7/10/1996. Diagnoses include lumbar spine pain, lumbar spine degenerative disc disease, lumbar herniated nucleus pulposus/bulge and sacroiliac syndrome. Treatment to date has included diagnostics, bilateral sacroiliac joint injection (2014), medications and home exercise program. Per the Primary Treating Physician's Progress Report dated 5/11/2015, the injured worker reported low back pain. Physical examination revealed reflexes 1+, left and right patellar absent, and Achilles bilaterally sensation intact to all dermatomes. Sacroiliac joints were tender to palpation. The plan of care included injections and authorization was requested for one left sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left sacroiliac joint injection under IV sedation and fluoroscopy as outpatient: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip section, under sacroiliac injections.

Decision rationale: This claimant was injured in 1996. Diagnoses include lumbar spine pain, lumbar spine degenerative disc disease, lumbar herniated nucleus pulposus/bulge and sacroiliac syndrome. Treatment to date has included diagnostics, bilateral sacroiliac joint injection (2014), medications and home exercise program. As of May 2015, there is continued low back pain. Physical examination revealed reflexes 1+, left and right patellar absent, and Achilles bilaterally sensation intact to all dermatomes. Sacroiliac joints were tender to palpation. No other sacroiliac signs are documented. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes for Sacroiliac Injections: 1. The history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings: 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). Imaging studies are not helpful. 2. Diagnostic evaluation must first address any other possible pain generators. 3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. In this case, there was no physical examination confirming at least three (3) sacroiliac joint signs. The back pain the claimant relates has a non-specific pattern, not clearly referable to the sacroiliac joints. The request is not medically necessary.