

Case Number:	CM15-0105258		
Date Assigned:	07/20/2015	Date of Injury:	02/28/1997
Decision Date:	08/21/2015	UR Denial Date:	05/16/2015
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: 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 67-year-old female, who sustained an industrial injury on 2/28/97. The injured worker was diagnosed as having bilateral lumbar facet mediated pain, bilateral sacroiliac joint pain with bilateral piriformis syndrome, L1 wedge deformity with marrow edema, myofascial pain, and severe deconditioning. Treatment to date has included bilateral lumbar radiofrequency treatment, which provided 70% pain relief, medial branch blocks, and medication including Hydrocodone, Tizanidine, and Tramadol. Physical examination findings on 4/30/15 included tender bilateral sacroiliac joints right greater than left and a tender right greater trochanter. Faber's test was positive bilaterally. Currently, the injured worker complains of low back pain. The treating physician requested authorization for a right sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right SI Joint Injection: Upheld

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

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

Decision rationale: The patient presents with RIGHT lower back/hip pain. The request is for 1 RIGHT SI JOINT INJECTION. The request for authorization is dated 05/04/15. Patient had recent bilateral lumbar radiofrequency, which provided around 70% of her lower back pain. She has, however, continued to have significant myofascial discomfort and sensitivity in her RIGHT hip and buttock since the procedure. Physical examination reveals lumbar palpation tenderness over right quadratus lumborum. Tender bilateral sacroiliac joints, RIGHT > left; FABER positive bilaterally; tender RIGHT greater trochanter. SLR negative. Patient's medications include Hydrocodone, Tramadol and Tizanidine. Per progress report dated 07/08/15, the patient is disabled. 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 SI joint 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)." Criteria for the use of sacroiliac blocks: 7. In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks. Treater does not discuss the request. In this case, the patient has trialed aggressive conservative treatments but continues with pain. Physical examination reveals lumbar palpation tenderness over right quadratus lumborum. Tender bilateral sacroiliac joints, RIGHT > left; FABER positive bilaterally; tender RIGHT greater trochanter. However, only 1 positive exam finding was documented by treater, FABER positive bilaterally. ODG guidelines require 3 positive exam findings in order to proceed with SI joint injection. Therefore, the request IS NOT medically necessary.