

Case Number:	CM15-0105775		
Date Assigned:	06/11/2015	Date of Injury:	02/26/2014
Decision Date:	07/15/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/02/2015

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 32 year old male, who sustained an industrial injury on 2/26/2014. The current diagnoses are sacroiliitis, coccydynia, and lumbago. According to the progress report dated 4/13/2015, the injured worker complains of low back pain with radiation into the left lower extremity. The level of pain is not rated. The physical examination of the lumbar spine reveals mild tenderness to palpation over the left paraspinal muscles with limited range of motion. Sacral exam reveals tenderness to the left sacroiliac joint and coccyx. The current medications are Naproxen, Tramadol, Cyclobenzaprine, Terocin, and Ibuprofen. Treatment to date has included medication management, MRI studies, electrodiagnostic testing, physical therapy, and chiropractic. The plan of care includes left sacroiliac and coccyx (epidural) 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 Page(s): 191.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Hip chapter, for SI joint blocks.

Decision rationale: The patient presents on 05/11/15 with unrated left lower back pain, tailbone pain, right shoulder/neck pain, and left leg pain. The patient's date of injury is 02/26/14. Patient has no documented surgical history directed at these complaints. The request is for Left SI Joint Injection. The RFA was not provided. Physical examination dated 05/11/15 reveals positive Faber's sign on the left, positive straight leg raise on the left, tenderness to palpation of the SI Joint and lower back, tenderness to palpation of the coccyx, and otherwise normal neurological function in the lower extremities. The patient's current medication regimen is not provided. Diagnostic EMG of the lower extremities of an unknown date was provided, with unremarkable findings. Patient is currently working with modifications. The MTUS/ACOEM guidelines do not discuss SI joint injections. ODG guidelines were consulted. ODG-TWC guidelines, Hip chapter, for SI joint blocks, Criteria for the use of sacroiliac blocks states: "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above)" The exam findings include: 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). In regard to the request for a left SI joint injection, the physician has not provided at least three positive exam findings required by the official disability guidelines for SI joint injections. Progress notes do not indicate that this patient has had any SI joint injections to date. Progress note 05/11/15 includes findings of left sided SI joint tenderness and positive Faber test and Patrick's test bilaterally. However, Patrick's test and Faber test are synonymous and do not constitute two separate examination findings. ODG requires at least three positive exam findings indicative of SI joint pathology, the requesting provider has only given one. The ODG criteria for an SI joint injection has not been met. Therefore, the request is not medically necessary.

Left Coccyx Injection - Epidural: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 191.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Injections with Anesthetics and/or steroids.

Decision rationale: The patient presents on 05/11/15 with unrated left lower back pain, tailbone pain, right shoulder/neck pain, and left leg pain. The patient's date of injury is 02/26/14. Patient has no documented surgical history directed at these complaints. The request is for Left Coccyx Injection - Epidural. The RFA was not provided. Physical examination dated 05/11/15 reveals positive Faber's sign on the left, positive straight leg raise on the left, tenderness to palpation of the SI Joint and lower back, tenderness to palpation of the coccyx, and otherwise normal neurological function in the lower extremities. The patient's current medication regimen is not provided. Diagnostic EMG of the lower extremities of an unknown date was provided, with unremarkable findings. Patient is currently working with modifications.

The ODG Guidelines under the Pain Chapter under Injections with Anesthetics and/or steroids states, "Consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work". In this case, the provider is requesting what appears to be a local anesthetic injection. This patient presents with persistent unresolved coccyx pain, physical examination reveals localized tenderness to palpation of the coccyx. These symptoms have not responded to conservative therapies such as NSAID medications, physical therapy, and chiropractic treatment. There is also no indication in the records provided that this patient has had injections of any kind directed at this complaint. Given this patient's subjective complaints and physical examination findings, an injection of a local anesthetic agent is appropriate and could provide pain reduction and functional improvements. Therefore, the request is medically necessary.