

Case Number:	CM15-0106608		
Date Assigned:	06/11/2015	Date of Injury:	10/04/2007
Decision Date:	07/14/2015	UR Denial Date:	05/06/2015
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 37-year-old female, who sustained an industrial injury on 10/4/07. She has reported initial complaints of a low back injury at work. The diagnoses have included lumbar spinal stenosis, lumbar disc degeneration, spondylolisthesis, and lumbar strain. Treatment to date has included medications, activity modifications, off work, diagnostics and injections. Currently, as per the physician progress note dated 2/3/15, the injured worker complains of moderate pain in the right sacroiliac joint. The physical exam reveals exquisite tenderness in the right sacroiliac joint, pelvic compression test reproduces pain in the right sacroiliac joint, straight leg raising test on the right reproduces sacroiliac joint pain and left reproduces back pain. It is noted that later in the visit the injured worker was injected in the right sacroiliac joint and of note, she has undergone a previous left sacroiliac joint ultrasonic injection with tremendous benefit. It is also noted that despite her struggling in pain, she continued her regular work. The current medication included Naprosyn. There is no diagnostic reports noted in the records and there is no previous therapy sessions noted. The physician requested treatment included Outpatient sacroiliac (SI) injection with ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient sacroiliac (SI) injection with ultrasound: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, SI joint injections.

Decision rationale: Based on the 02/23/15 progress report provided by treating physician, the patient presents with pain to right sacroiliac joint. The request is for Outpatient Sacroiliac (SI) Injection With Ultrasound. RFA with the request was not provided. Patient's diagnosis on 04/28/15 included lumbar spinal stenosis, spondylolisthesis, sprain strain lumbar, and lumbar degenerative disc disease. Physical examination on 02/23/15 revealed exquisite tenderness in the sacroiliac joint. Pelvic compression test reproduces pain to the right SI joint. Straight leg raise test on the right reproduces SI pain, left reproduces back pain. Treatment to date has included activity modifications, time off work, diagnostics, injections and medications. The patient is prescribed Naproxen, which has been helpful. The patient is working full-duty, per 04/28/15 report. Treatment reports were provided from 11/04/14 - 04/28/15. 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). " Treater has not provided medical rationale for the request. Per 02/03/15 report, treater states the patient "has undergone a previous left sacroiliac ultrasonic injection with tremendous benefit." ODG guidelines require at least 3 positive SI joint maneuvers upon physical exam, for a sacroiliac joint injection to be warranted. Such documentation is not provided in medical records. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.