

Case Number:	CM15-0139284		
Date Assigned:	07/29/2015	Date of Injury:	10/05/2004
Decision Date:	08/26/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/17/2015

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 63-year-old male, who sustained an industrial injury on 10/5/04. He reported pain in his lower back. The injured worker was diagnosed as having lumbago, L4-L5 disc herniation and lumbar spondylolisthesis. Treatment to date has included a lumbar MRI in 2009, physical therapy, a lumbar epidural injection x 2, a left sacroiliac joint injection in 10/2011 with marked improvement, Butrans, Ibuprofen, Cymbalta, Lyrica and Percocet. As of the PR2 dated 6/22/15, the injured worker reports stiffness in the lower back and radicular pain in the right leg. He rates his pain a 3/10. Objective findings include a positive Faber maneuver and a positive Stork test on the right. The treating physician requested 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:

Right sacroiliac 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, Hip & Pelvis.

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 back in 2014 with diagnoses of lumbago, L4-L5 disc herniation and lumbar spondylolisthesis. Treatment to date was a left sacroiliac joint injection in 10/2011 with marked improvement. As of June 2015, there was stiffness in the lower back and radicular pain in the right leg. He rated his pain a 3/10. Objective findings included two signs: a positive Faber maneuver and a positive Stork test on the right. 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 appropriately not medically necessary.