MAXIMUS Federal Services

Case Number:	CM15-0164410		
Date Assigned:	09/25/2015	Date of Injury:	07/16/2013
Decision Date:	10/30/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/21/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 60 year old female, who sustained an industrial injury on 07-16-2013. The injured worker is currently working regular duty. Medical records indicated that the injured worker is undergoing treatment for low back pain and bilateral sacroiliitis and piriformis syndrome. Treatment and diagnostics to date has included bilateral lumbar medial branch block, home exercise program, and medications. Current medications include OxyContin, Hydrocodone, and Naprosyn. In progress notes dated 02-09-2015 and 07-06-2015, the injured worker reported low back pain rated 5-6 out of 10 on the pain scale. Objective findings included tender bilateral piriformis muscles and sacroiliac joints with positive bilateral distraction and Faber's test. The request for authorization dated 08-04-2015 requested bilateral sacroiliac joint injections x 2. The Utilization Review with a decision date of 08-11-2015 modified the request for bilateral sacroiliac joint injections x 2 to bilateral sacroiliac joint injection x 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint injections #2: 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 Official Disability Guidelines (ODG) Low back section, Sacroiliac joint injections.

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral SI joint injections #2 are not medically necessary. The guidelines recommend the physical examination diagnostic criteria (see below) as a primary indication of pain related to the sacroiliac joint, with respect to sacroiliac pain, sacroiliac complex pain and sacroiliac dysfunction diagnostic signs and symptoms. Injections are not recommended for imaging studies for non-inflammatory pathology. Suggested physical examination indicators of pain related to the SI joint pathology include: history and physical should suggest the diagnosis. Pain may radiate into the buttock, groin and entire ipsilateral lower limb, although if pain is present above L5, it is generally not thought to be from the SI joint. There should be documentation of at least three positive exam findings to suggest the diagnosis. The five tests most recommended include pelvis distraction test, pelvic compression test, thigh thrust test, FABER (Patrick's test) and Gaenslien's test. Diagnostic evaluation must first address any other possible pain generators. In this case, the injured worker's working diagnoses are low back pain; and bilateral sacroiliitis and piriformis syndrome. Date of injury is July 16, 2013. Request for authorization is August 4, 2015. According to a July 6, 2015 progress note, subjective complaints include low back pain. The injured worker received bilateral lumbar medial branch blocks in June 2015 with no relief. Objectively, there is tenderness to palpation over the bilateral piriformis and SI joints. Neurologic evaluation showed a normal motor and sensory examination. The treating provider requested #2 bilateral SI joint injections. A second bilateral SI joint injection is not clinically indicated until results of the first bilateral SI joint injection are determined. Based on the clinical information in the medical record, peer- reviewed evidence-based guidelines, tenderness over the bilateral SI joints with positive provocative testing and no documentation demonstrating objective functional improvement (from the first SI joint injection not yet administered), bilateral SI joint injections #2 are not medically necessary.