

Case Number:	CM15-0187957		
Date Assigned:	09/29/2015	Date of Injury:	04/27/1997
Decision Date:	11/13/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/24/2015

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, Hawaii

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 76 year old male, who sustained an industrial injury on 4-27-1997. The injured worker was diagnosed as having lumbar postlaminectomy syndrome and lumbosacral neuritis, not otherwise specified. Treatment to date has included diagnostics, multiple lumbar spinal surgeries (most recent on 8-20-2013 right sacroiliac joint fusion with L2-3 posterior decompression and laminectomy), spinal cord stimulator, physical therapy, and medications. Currently (8-27-2015), the injured worker complains of "significant" pain in his right sacroiliac joint area, not rated. His work status was not noted. Active medications were documented as Soma, Ambien, Ibuprofen, and Percocet. Electromyogram and nerve conduction studies were documented to show "chronic right L5 radiculopathy". Magnetic resonance imaging of the lumbar spine (9-02-2014) showed at L5-S1: mildly narrowed right neuroforamen due to facet joint hypertrophic change, no residual disc identified, and a widely patent central spinal canal. The impression included status post transpedicular screw and rod fixation of L3 and L4 with posterior decompression of the spinal canal from L3 to S5. Exam of the lumbar spine noted inspection and palpation "within normal limits". Tenderness was noted at the sacroiliac fusion site and right buttock, noting that this was also the site of his autogenous iliac crest donor site. Muscle testing showed "significant weakness" in the right quad, tibialis anterior, extensor hallucis longus, peroneal, tibialis posterior muscle, and gastrocnemius muscle, (4 of 5). Inspection of the sacroiliac joint noted a tenderness on the right. Sensation was diminished in the upper leg, thigh, anterolateral calf and foot. Per the Request for Authorization dated 9-11-2015, the treatment plan included a right sacroiliac joint injection, non-certified by Utilization Review on 9-18-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right S1 joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic) - Sacroiliac injections, therapeutic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip & Pelvis Chapter, Sacroiliac injections.

Decision rationale: The patient presents with diagnosis that include disorder of sacrum, lumbar post laminectomy syndrome acute, chronic right L5 radiculopathy, and thoracic/lumbosacral neuritis, unspecified acute. The patient has undergone multiple (5) lumbar spinal surgeries, most recently on 8/20/13 a right sacroiliac joint fusion with L2-3 posterior decompression and laminectomy. A spinal cord stimulator was placed in the lumbar area in February of 2015. The patient currently complains of significant pain in his right sacroiliac joint area. The current request is for 1 right S1 joint injection. The treating physician states in the treating report dated 8/27/15 (7B), "Care Plan: Right SI joint injection" Amidelfan. Need to identify is the Right SI joint is a significant pain generator and may need revision fusion surgery the SI joint." MTUS and ACOEM Guidelines do not address sacroiliac joint injections, however, ODG guidelines recommends SI joint injections as an option if the patient has 3 positive exam findings for SI joint syndrome; diagnostic evaluation have addressed other possible pain generators; failed at least 4-6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management. 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)." In this case, the treating physician states in the report dated 8/27/15 (5B) that the patient complains of lumbar pain and radicular pain and in terms of palpation, the patient exhibits "tenderness at S1 fusion site and buttock, right side." However there are no motion palpation or pain provocation examination findings to support a diagnosis of S/I joint dysfunction, which is the first criterion for S/I joint blocks. The clinical history does not document the 3 positive exam findings as stated above. Furthermore, the treating physician appears to be concerned about the patient's radicular symptoms, which is not consistent with SI joint syndrome. The current request is not medically necessary.