

Case Number:	CM15-0195971		
Date Assigned:	10/09/2015	Date of Injury:	08/14/1998
Decision Date:	11/18/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 66-year-old male who sustained an industrial injury on 8-14-1998. Diagnoses have included lumbago status post-surgery, right sacroiliac sprain, and chronic pain syndrome. Diagnostic tests are not provided. Documented treatment includes unspecified low back surgery, home exercise, use of proper body mechanics, and medication including Celebrex, Voltaren Gel stated to provide "less than adequate decrease in pain." An orthopedic visit dated 8-20-2015 also states use of Menthoderm helping with back and leg pain, diclofenac, and a recommendation for cyclobenzaprine for leg cramping. On 9/4/2015, the injured worker presented with recent increase in his low back pain, mostly on the right, rated as 5-6 out of 10. Objective examination showed mild antalgic gait, mild tenderness of the lumbosacral spin with minimal paralumbar muscle spasms, and moderate right SI joint tenderness with positive Gaenslen's, Patrick's and Fabere's on the right. The treating physician's plan of care includes 4 days of Prednisone, and a request was submitted for a right SI joint ligament cortisone injection using ultrasound guidance, which was denied on 9-17-2015. The injured worker is noted to be able to work with restrictions only. It is not stated whether this is being accommodated.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right S1 joint ligament cortisone injection under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Sacroiliac joint blocks.

Decision rationale: CA MTUS/ACOEM is silent on the issue of sacroiliac joint injection. According to the ODG Hip and Pelvis, Sacroiliac joint blocks it is recommended as an option if 4-6 weeks of aggressive conservative therapy has been failed. In addition, there must be at least 3 positive exam findings such as a pelvic compression test, Patrick's test and pelvic rock test. In this case, there is no evidence of aggressive conservative therapy being performed prior to the request for the sacroiliac joint injection on 9/4/15. Therefore, the guideline criteria have not been met and determination is for non-certification; the request is not medically necessary.