

Case Number:	CM15-0021493		
Date Assigned:	02/11/2015	Date of Injury:	02/16/2012
Decision Date:	04/07/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/04/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41-year-old male who reported injury on 12/20/2010. The injured worker underwent x-rays of the cervical spine and lumbar spine and an MRI of the lumbar spine. Prior treatments included physical therapy. The mechanism of injury was a fall. The injured worker underwent a posterior cervical fusion. The documentation of 01/19/2015 revealed the injured worker continued to have neck, upper and lower back pain. The injured worker started physical therapy and was wearing a soft collar. The objective findings revealed decreased range of motion of the cervical spine. The injured worker had a positive Tinel's bilaterally at the wrist for carpal tunnel. The injured worker had paracervical tenderness and parathoracic tenderness. There was right lateral epicondylar tenderness. There was no sacroiliac or trochanteric tenderness. The diagnoses included chronic right knee sprain, left knee sprain, bilateral carpal tunnel syndrome, chronic bilateral upper extremity radicular symptoms improved after surgery. The treatment plan included the injured worker should meet with a neurosurgeon regarding his lumbar spine. The specific date of request for the SI joint could not be determined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left S1 joint injection, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Sacroiliac joint injections (SJT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, Intra-articular steroid hip injection (IASHI).

Decision rationale: The Official Disability Guidelines indicate that criteria for the use of sacroiliac blocks the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings the 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), diagnostic evaluation must first address any other possible pain generators and there should be documentation of a failure of at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. Blocks are performed under fluoroscopy. The clinical documentation indicated the injured worker had a positive Patrick's Test, left sacroiliac test and Fortin finger test. However, there was a lack of documentation indicating that the diagnostic evaluation address other possible pain generators and that the injured worker had a failure of conservative therapy including PT, home exercise and medication management. Additionally, the physician documentation was requesting a left sacroiliac joint intra-articular injection which is recommended for trochanteric bursitis and the injured worker was not noted to have trochanteric bursitis. There was a lack of documentation requesting an SI joint block and a lack of clarification regarding the specific injection being requested. There was a lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations. Given the above and the lack of documentation, and clarification, the request for left SI joint injection is not medically necessary.