

Case Number:	CM15-0222136		
Date Assigned:	11/17/2015	Date of Injury:	07/16/2012
Decision Date:	12/24/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/12/2015

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 56 year old female who sustained an industrial injury on July 16, 2012. Medical records indicated that the injured worker was treated for low back pain. Medical diagnoses include L5-S1 lumbar fusion. In the provider notes dated September 22, 2015 the injured worker complained of sharp burning back pain more on left than right. She has pain with walking and has difficulty changing positions, sitting to standing and "paresthesias into the left lower extremity." She had "left sacroiliac joint injection in mid July 2015 and she noted 60 percent relief of the symptoms which lasted for approximately two months." On exam, the documentation stated there was decreased lumbar range of motion. The Patrick's test, Gaenslen's test and pelvic compression tests are positive on the left and she was tender over the left sacroiliac joint. The treatment plan includes medications, left sacroiliac joint injection, and sacroiliac rhizotomy. A Request for Authorization was submitted for left sacroiliac joint injection under fluoroscopic guidance. The Utilization Review dated October 21, 2015 non-certified the request for left sacroiliac joint injection under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Sacroiliac Joint Injection under Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Sacroiliac Joint Injections (SJI).

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 now three years ago. There was sharp burning back pain, and also symptoms not characteristic of the SI joint e.g. paresthesias into the left lower extremity. There was an injection reported in mid-July that gave 60 percent relief over two months, but objective, functional improvement is not noted. 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. Also, there is suggestions of another pain generator [a paresthesia, radicular source] that had not been evaluated. The back pain the claimant relates has a non-specific pattern, not clearly referable to the sacroiliac joints. The request is not medically necessary.