MAXIMUS Federal Services

Case Number:	CM15-0048284		
Date Assigned:	03/20/2015	Date of Injury:	09/09/2010
Decision Date:	04/24/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/13/2015

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: Massachusetts
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 71 year old female, who sustained an industrial injury on September 9, 2010. She reported a fall with injury to her left shoulder and back. The injured worker was diagnosed as having sacroiliitis and avascular necrosis. Treatment to date has included physical therapy, epidural steroid injection (ESI), a right L4-L5 foraminotomy on October 9, 2014, and medication. Currently, the injured worker complains of constant severe left shoulder and low back pain. The Treating Physician's report dated January 19, 2015, noted the physical examination revealed limited lumbar spine range of motion (ROM) with pain, with positive straight leg raise on the right, moderate lumbar spasm, with mild vague central pain across the midline at L4-L5 and L3-L4, and significant pain over the S1 joint with multiple positive findings including finger fortin test, FABER, and Gaenslen's exam. The Physician noted a request for authorization for a right Si (sacroiliac) joint injection to be performed under sedation. The Physician noted the plan to discontinue all opioids including Norco and Oxycodone, resume Tylenol with Codeine, with additional medications listed as Dyrenium, Trazadone, Zoloft, and Vitamin D2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac injection under sedation: 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, Sacroiliac Joint Blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Citation (Section / Topic): Hip & Pelvis (Acute & Chronic) Sacroiliac joint blocks.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for left shoulder and low back pain. Physical examination findings include sacroiliac joint tenderness positive Fortin, Fabere, and Gaenslen tests. A sacroiliac joint block can be recommended as an option after failure of conservative therapy including at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatory medications as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease. In this case, the mechanism of injury is not consistent with injury to the sacroiliac joint and the claimant has not undergone a trial of manipulation/ chiropractic care. These criteria are not met and therefore the requested sacroiliac joint injection is not medically necessary.

Pre op medical clearance prior to injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines for pre-operative cardiac risk assessment and perioperative cardiac management in non-cardiac surgery. The Task Force for Preoperative Cardiac Risk Assessment and Perioperative Cardiac Management in Non-cardiac Surgery of the European Society of Cardiology (ESC) and endorsed by the European Society of Anesthesiology (ESA). European Heart Journal (2009) 30, 2769.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for left shoulder and low back pain. Physical examination findings include sacroiliac joint tenderness positive Fortin, Fabere, and Gaenslen tests. In terms of risk, surgical interventions can be divided into low-risk, intermediate-risk, and high-risk groups. In this case, the claimant is otherwise healthy. Major surgery is not being planned. She would likely be at low risk for the planned procedure. Medical clearance is therefore not medically necessary.