

Case Number:	CM15-0050583		
Date Assigned:	03/24/2015	Date of Injury:	12/18/2012
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/17/2015

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

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 64-year-old male, who sustained an industrial injury on 12/18/2012. He reported falling from a ladder. The injured worker was diagnosed as having lumbar disc displacement and lumbar radiculitis. There is no record of a recent diagnostic study. Treatment to date has included physical therapy and medication management. Currently, the injured worker complains of low back pain. The treating physician is requesting intra-articular injections at bilateral sacro-iliac joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intra-articular injection at bilateral sacroiliac joint: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter under SI joint injections.

Decision rationale: Based on the 03/04/15 progress report, the patient presents with pain in the bilateral sacroiliac joint region as well as numbness and parasthesia in the bilateral lower extremities, left greater than right. The request is for INTRA-ARTICULAR INJECTION AT BILATERAL SACROILIAC JOINT. There is no RFA provided and the date of injury is 12/18/12. Patient's was diagnosed as having lumbar disc displacement and lumbar radiculitis. Physical examination to the lumbar spine on 03/04/15 revealed tenderness upon palpation in the SI joint region, but Patrick maneuver was negative. SLR test was negative and DTR and motor strength are normal. Treatment to date has included physical therapy and medication management. The patient is working on full duty. ODG guidelines, Low Back Chapter under SI joint injections states: "Treatment: There is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block." ODG further states that, "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)." Per 03/04/15 report, treater states, "Physical therapy provided temporary pain relief. I would recommend the patient undergo bilateral sacroiliac joint injection for diagnostic as well as therapeutic purposes." Review of medical records do not show patient has had prior SI joint injection. The patient completed physical therapy and there are no records of a recent diagnostic study. In regard to the request for what appears to be this patient's first SI joint injection, the treater has not provided adequate documentation to substantiate this procedure. ODG requires at least 3 positive exam findings suggestive of SI injury or disease before considering SI joint injections appropriate, no such findings have been included. Therefore, the request IS NOT medically necessary.