

Case Number:	CM15-0083617		
Date Assigned:	05/05/2015	Date of Injury:	05/31/2013
Decision Date:	06/10/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/30/2015

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 59 year old female, who sustained an industrial injury on 05/31/2013. There were no initial complaints or symptoms reported. Treatment to date has included conservative care, medications, x-rays, MRIs, conservative therapies, and injections. Currently, the injured worker complains of ongoing right low back pain and right lower extremity pain with numbness and tingling with a pain rating of 6/10 at the time of the exam. The injured worker reported pain was severe at night when lying down, sitting and driving, and there had not been much pain relief with Lyrica. The injured worker did report good pain relief with previous injection; however, there was an adverse effect from the injection. The diagnoses include small disc bulging and protrusion in the lumbar spine and renal abnormality. The request for authorization included right S1 joint injection under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right SI joint injection under fluoroscopy: 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, Sacroiliac joint injections (SJI), 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) Low Back Chapter under SI joint injections.

Decision rationale: The patient was injured on 05/31/13 and presents with low back pain and right lower extremity pain, that goes into her big toe with numbness/tingling. The request is for a right SI joint injection under fluoroscopy. There is no RFA provided and the patient is released to work full duty. Review of the reports provided does not indicate if the patient had a prior SI joint injection. 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)." The patient has a restricted lumbar spine range of motion, spasm/tenderness on the right side, right SI joint tenderness, piriformis tenderness, pain over the sacrotuberous ligament on the right side, and a positive FABERS on the right. She is diagnosed with thoracic or lumbosacral neuritis or radiculitis, lumbar disc displacement, and lumbago. Treatment to date has included conservative care, medications, x-rays, MRIs, conservative therapies, and injections. The reason for the request is not provided. The review of the reports does not show the patient has had prior SI joint injection. The treater documents positive Fabers Test. However, ODG guidelines require at least 3 positive findings to support SI joint injections. The request is not medically necessary.