

Case Number:	CM14-0126736		
Date Assigned:	09/05/2014	Date of Injury:	05/23/2014
Decision Date:	10/10/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 35 year old female who sustained an injury to her low back on 05/23/14 due to a fall. She was assisting one of her patients when she fell over a walker, twisting and falling onto her right hip/flank. MRI of the right hip without contrast dated 06/11/14 revealed tendinosis/partial tear of the gluteus medius tendon, without tendon full thickness tear or acute osseous finding. MRI of the lumbar spine on this date noted normal spinal alignment; disc desiccation at L5-S1; no disc space narrowing or degenerative end plate changes; no fractures; spinal cord normal; tiny posterior annular fissures at L4-5 and L5-S1. The injured worker continued to complain of constant right sided low back pain that can be stabbing in nature, per clinical note dated 08/06/14. She stated that this pain keeps her from getting a full night of sleep. She also gets shooting pain down the right leg. She has been utilizing Norco, Percocet, and Zanaflex. It was noted that the injured worker has tried physical therapy, but has not found any long lasting pain reduction. She continues to complain of pain at 7/10 VAS. Physical examination noted loss of lumbar lordosis; normal gait; positive tenderness over the SI joint on the right side; positive tenderness in the piriformis muscle; motor strength 5/5 throughout the bilateral lower extremities; sensory normal; straight leg raise positive on the right to the buttock area; Patrick's sign positive right. The injured worker was diagnosed with sacroiliac syndrome, lumbar/sacral radiculopathy, spinal stenosis of the lumbar spine, and degenerative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sacroiliac Joint Injection with Fluoroscopic Guidance: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter, Sacroiliac joint blocks

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sacroiliac Joint Injections Page(s): 345.

Decision rationale: The request for a right sacroiliac joint injection with fluoroscopic guidance is medically necessary. The previous request was denied on the basis that in order to consider sacroiliac joint injections, guidelines state that there should be at least 3 positive exam findings consistent with the diagnosis. It was noted that the injured worker does have tenderness over the left sacroiliac joint (SI) sulcus; however, there is no indication of tenderness over the right SI joint. Authorization was being requested for a right sided injection, but the only positive finding is on the left on physical examination. There was also no indication as to the injured worker's response to previous conservative treatment. The most recent clinical note dated 08/06/14 reported that the injured worker has tried physical therapy, but with no long lasting benefit. It was also noted that the injured worker does have 3 positive findings on examination that shows she has sacroiliac joint dysfunction. Physical examination at the last office visit dated 07/09/14 was documented incorrectly and stated she had left sided SI sulcus tenderness. It was re-verified on this date and the injured worker has right sided SI joint tenderness, positive tenderness over the SI joint region in the right; piriformis tenderness positive; Patrick's/Fabre's testing positive right; and straight leg raise positive right to the right buttock area. Given this, the request for a right sacroiliac joint injection with fluoroscopic guidance is indicated as medically necessary.