

Case Number:	CM14-0127113		
Date Assigned:	08/13/2014	Date of Injury:	10/26/2011
Decision Date:	10/16/2014	UR Denial Date:	07/29/2014
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 Family Practice and is licensed to practice in Texas and Mississippi. 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 58-year-old male who reported an injury on 10/26/2011 due to saving a heavy patient from falling. The injured worker had diagnoses of lumbar spondylosis, low back pain, and facet arthropathy spondylosis and right lumbar radiculopathy. The past medical treatment included medications, radiofrequency ablation of right L4-5 and L5-S1 facet joints on 4/09/2014, and a facet injection. Diagnostic testing included an MRI of the lumbar spine without contrast on 06/17/2014. The injured worker underwent L2-3 and L3-4 decompression with placement of interspinous spacer. The injured worker complained of low back pain radiating to the right lower extremity into the right dorsal lateral foot with burning pain on 07/02/2014. The injured worker reported pain rated 5/10. The physical examination revealed a positive right Fortin finger test, pain with lying on his side (positive compression exam), and pain with rotation. Medications included Vicodin, Diclofenac, Tramadol, and Tylenol over the counter, Flexeril, and Cymbalta. The treatment plan was for right sacroiliac injection with sedation. The rationale for the request was not submitted. The Request for Authorization Form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sacroiliac Injection with Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, Sacroiliac Joint Blocks.

Decision rationale: The request for right sacroiliac injection with sedation is not medically necessary. The injured worker complained of low back pain radiating to the right lower extremity lower extremity into the right dorsal lateral foot with burning pain. The Official Disability Guidelines (ODG) state the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings including 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, and Thigh Thrust Test (POSH). The guidelines recommend patients undergo 4-6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management prior to receiving a sacroiliac joint injection. The criteria for the use of sacroiliac blocks guidelines also state the blocks are performed under fluoroscopy. The injured worker had a positive Fortin finger test; however, there is a lack of documentation indicating the injured worker has two additional positive provocative tests indicative of sacroiliac joint dysfunction upon physical examination. The documentation failed to prove evidence of failure of an aggressive course of conservative care. The requested sedation would not be indicated as there is a lack of documentation indicating the injured worker has significant anxiety related to the procedure. The submitted request does not include fluoroscopic guidance. As such the request is not medically necessary.