

Case Number:	CM14-0183133		
Date Assigned:	11/07/2014	Date of Injury:	04/21/2008
Decision Date:	12/17/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/03/2014

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 Physical Medicine and Rehabilitation; has a subspecialty in Interventional spine and is licensed to practice in California. 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 patient is a 58-year-old male with a date of injury of 04/21/2008. The listed diagnosis is tendinitis of the hip/pelvis area. According to the most recent progress report from 10/02/2014, the patient presents with chronic pain of the left hip, right buttock, and right low back as well as right lower extremity. Patient is status post anterior lumbar fusion on 05/19/2014 and status post left hip replacement surgery on 08/26/2014 with acute postoperative pain. Physical examination revealed limited range of motion in all directions of the lower back, worse with extension and rotation. Tenderness to palpation over the bilateral paravertebral musculature as well as significant tenderness to palpation over the right buttock and piriformis muscles was noted. Hip exam was deferred due to recent surgery. Report 09/02/2014 provides an examination of the hip and notes there is "no tenderness to palpation, incision healing well but for a small area directly in the flexion crease with his pannus overhanging." Progress report 09/30/2014 indicates the patient has continued low back pain and left hip pain. Treatment recommendation was for US-guided left SI joint injection. The listed diagnoses were lumbar spinal stenosis, spondylolisthesis, sciatica, and pathologic fracture vert. Utilization review denied the request on 10/22/2014. Treatment reports from 04/16/2014 through 10/02/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

US guided left SI injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SI joint injections under its Pelvic/Hip chapter

Decision rationale: This patient presents with chronic low back and left hip pain. The treater is requesting a US-guided left SI injection. ODG guideline has the following regarding SI joint injections under its Pelvic/Hip chapter: SI joint injections are not supported without objective findings consistent with sacroiliitis. ODG further states, "Criteria for the use of sacroiliac blocks: The history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings." The reports provided do not document 3 positive exam findings as required by MTUS. Furthermore, the patient has diagnosis of lumbar stenosis, spondylolisthesis and sciatica which is not consistent with SI joint syndrome.