

Case Number:	CM14-0211348		
Date Assigned:	03/12/2015	Date of Injury:	05/26/2013
Decision Date:	05/18/2015	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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 44 year old female who sustained an industrial injury on May 26, 2013. She has reported pain to the neck, lower back, and right hip and has been diagnosed with degenerative cervical disc intervertebral disc, sprain/strain lumbar region, unspecified thoracic lumbar neuritis/radiculitis, fracture sacrum, coccyx closed, sacroiliitis other, sprain/strain sacroiliac, sciatica, and enthesopathy hip region. Treatment have included conservative measures. There was mild tenderness in the right groin over the hip joint. There was severe tenderness of the lumbar spine. The treatment plan included medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sacroiliac Joint Injection: 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), Hip and Pelvis Chapter, 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 Low Back Chapter, SI Joint Injections.

Decision rationale: Based on the 08/04/14 progress report provided by treating physician, the patient presents with low back that radiates down right lower extremity and right hip pain that radiates to the groin and right thigh. The request is for right Sacroiliac Joint Injection. No RFA. Patient's diagnosis on 08/04/14 included sacroiliitis, closed fracture sacrum/coccyx, sacroiliac sprain/strain, sciatica, and enthesopathy hip region. Patient's medications include Voltaren, Norco and Flexeril. The patient remains temporarily totally disabled, per treater report dated 08/04/14. 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 progress report dated 08/04/14, treater states "It really appears that the lower back pain is coming from the right sacroiliac region which is related to the alleged right sacrum fracture which was clearly identified on the MRI report of the pelvis. The examiner looked at the MRI images on the CD but could not confirm the report findings. In reference to the apparent right sacroiliac joint injection for confirmation of the apparent right sacroiliac pain the best option would be referral to a pain management specialist for a right sacroiliac joint injection for confirmation of the apparent sacroiliac joint pain. There is also some right hip greater trochanteric bursitis which does not appear to be that significant, but a periodic cortisone injection to the right greater trochanter could be tried." Physical examination to the right sacroiliac joint on 08/04/14 revealed severe tenderness and mild tenderness over the right sciatic nerve, which overlies the inferior aspect of the sacroiliac joint. Minimally positive Faber's test. In this case, patient has been on opioid regimen and continues with pain. However, there is no documentation of at least three positive examination findings, as required by ODG guidelines. Therefore, the request for Right Sacroiliac Joint Injection is not medically necessary.