

Case Number:	CM14-0212930		
Date Assigned:	12/30/2014	Date of Injury:	03/15/2013
Decision Date:	02/27/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/18/2014

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 & Rehabn

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 53 year old male with an injury date of 03/15/13. The 11/07/14 report states that the patient presents with bilateral lower back pain radiating to the bilateral buttocks. Examination reveals tenderness upon palpation of the bilateral lumbar paraspinal muscles overlying the bilateral L4-5 and L5-S1 facet joints with lumbar range of motion restricted by pain in all directions. Lumbar discogenic provocative maneuver sustained hip flexion is positive. The following sacroiliac provocative maneuvers are positive bilaterally: Gaenslen's, Patrick's and pressure at the sacral sulcus. MRI lumbar from 01/21/14 is included with the following impression: 1. At L2-2, 3 to 4 mm annular disc bulge with moderate central canal narrowing and mild central canal narrowing present at L2-3 and L3-42. Multilevel mild to moderate neural foraminal narrowing, moderate in the left L5-S1 level3. Superimposed congenital narrowing of the spinal canal on a developmental basis The patient's diagnoses include: 1. Bilateral sacroiliac joint pain2. S/p bilateral L4-5, L5-S1 facet joint RFA (08/15/14 operative report included)3. S/p diagnostic bilateral L4-5 and L5-S1 MBB4. Bilateral lumbar facet joint pain at L4-5 and L5-S15. Lumbar facet joint arthropathy6. Chronic lower back pain Current medications are listed as: Metformin, Glipzide, Furosemide, Hydrochlorothiazide, Atorvastatin, Niacin, Melatonin and Aleve. Vicodin has been discontinued. The patient's past medical history is listed as: diabetes, hypertension and hyperlipidemia, and past surgeries include: bilateral shoulder and bilateral carpal tunnel release (dates unknown). The utilization review is dated 11/22/14. Reports were provided for review from 05/01/14 to 11/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroiliac Joint Injection with Moderate Sedation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis

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 chapter, Sacroiliac joint blocks.

Decision rationale: The patient presents with bilateral lower back pain radiating to the bilateral lower buttocks. The current request is for bilateral sacroiliac joint injection with moderate sedation per 11/07/14 report and 11/14/14 RFA. ODG, Sacroiliac joint blocks, states, "Recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy as indicated below." "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). Imaging studies are not helpful." Criteria require documentation of at least 3 positive examination findings as listed above. The 11/07/14 report and 11/14/14 RFA states this request is for lumbar facet joint pain following SI joint provocative maneuvers and after the patient has failed physical therapy, NSAIDs and conservative treatments. Examination documents three positive examinations: Gaenslen's, Patrick's and pressure at the sacral sulcus (Thigh Thrust/POSH) and there is a diagnosis of bilateral SI joint pain. There is no evidence of a prior SI joint injection for this patient. The request for Bilateral Sacroiliac Joint Injection with Moderate Sedation is medically necessary.