

Case Number:	CM14-0037586		
Date Assigned:	06/25/2014	Date of Injury:	04/12/2012
Decision Date:	03/16/2015	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/28/2014

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, Arizona

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:

This injured worker is a 41-year-old male with a date of injury 04/12/2012. His diagnoses included brachial neuritis or radiculitis not otherwise specified, displacement of lumbar intervertebral without myelopathy, lumbago, sciatica, spasm of the muscle, thoracic/lumbosacral neuritis/radiculitis nonspecified. Past treatments include 3 epidural steroid injections, physical therapy, and medication. Pertinent diagnostic studies include an MRI on 09/28/2012, and electrodiagnostic study on 04/24/2013. Surgical history included right L4 and L5 selective nerve root block on 08/07/2013, and tendon release in the hand in the year 2000. The injured worker reported on 01/17/2014 with complaints of right sided low back pain and right leg pain. The injured worker described the pain as a pinching on the right side of the low back radiating to the right leg to the knee and at times to the foot with frequent spasms in the low back. Physical examination findings included range of motion of the lumbosacral spine with flexion to 50 degrees, extension 15 degrees, and lateral bend to 20 degrees. Deep tendon reflexes 2+ and sensation is intact to light touch and pinprick in all dermatomes of the bilateral extremities. Strength is 5/5 and straight leg raise is negative. Range of motion of the hips bilaterally hip flexion is 100 degrees, hip extension bilaterally 30 degrees, internal rotation bilaterally 40 degrees, external rotation bilaterally 50 degrees, hip abduction bilaterally 40 degrees, and adduction to 20 degrees. His current medications include a fentanyl patch and Norco. The treatment plan, dated 01/17/2014, was to do a discogram to see if the injured worker is a surgical candidate. The request is for bilateral sacroiliac joint injections, and the rationale is not included. The Request for Authorization form was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroiliac (SI) joint Injections.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.odg-twc.com: Section; Hip & Pelvis (Acute & Chronic) (updated 12/09/2013)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Knee, Sacroiliac joint injections (SJI)-See Intra-articular steroid hip injection; Sacroiliac joint blocks; & Sacroiliac joint radiofrequency neurotomy.

Decision rationale: The request for bilateral sacroiliac joint injections is not medically necessary. The injured worker complained of low back pain and right leg pain. Which he stated radiated to the right leg to the knee and sometimes to the foot. The California MTUS/ACOEM Guidelines do not address bilateral sacroiliac joint injections. The Official Disability Guidelines recommend as an option if failed at least 4 to 6 weeks of aggressive conservative therapy. There should be at least 3 positive exam findings such as cranial shear test, extension test, flamingo test; Fortin finger test; Gaenslen's test; Gillette's test; Patrick's test; pelvic compression test; pelvic distraction test; pelvic rock test; sacroiliac shear test; or standing flexion test. The documentation did not include any findings suggestive of significant pathology. Additionally, the documentation failed to show the injured worker had tried and failed an adequate course of conservative treatment such as physical therapy, rest, activity modification, or previous steroid injection. In the absence of documentation showing the failure of initially recommended conservative care, the request is not supported. Therefore, the request for bilateral sacroiliac joint injections is not medically necessary.