MAXIMUS Federal Services

Case Number:	CM15-0008509		
Date Assigned:	01/26/2015	Date of Injury:	01/13/2000
Decision Date:	03/13/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/14/2015

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: Pennsylvania
Certification(s)/Specialty: Family Practice

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 43 year old female who sustained a work related injury on January 13, 2000, suffering back injuries. Diagnoses included cervical and lumbar sprain, left rotator cuff syndrome, lumbosacral radiculopathy, myofascial pain syndrome and bilateral lumbosacral facet syndrome. Treatments included physical therapy, chiropractic adjustments, joint injections, home exercise program, pain medication, and anti-inflammatory medications. Currently, in November 2014, the injured worker complained of increased back pain with radiation into bilateral buttocks. On January 14, 2015, a request for a service of one bilateral sacral iliac joint injection under fluoroscopy guidance between January 8, 2015 and March 10, 2015, was non-certified by Utilization Review, noting the ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral S1 Joint Injection under fluoroscopy guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip and Pelvis

Decision rationale: According to the ODG, sacroiliac joint blocks are recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. The medical record does not indicate that this worker has had 4-6 weeks of physical therapy. Furthermore, the history and physical should suggest the diagnosis with documentation of at least 3 of the following exam findings: 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). In a letter dated January 14, 2015, it is stated by the requesting physician that his last clinic note documented that she had point tenderness in the bilateral SI joints, a positive bilateral thigh thrust and positive bilateral Gaenslen's Test. A review of the 1/8/2015 note does reveal exam finding of a positive FABER test. Gaenslen's test may be documented but I was unable to discern it for certain due to poor quality of the hand written note. I did not see bilateral thigh thrust documented but that also may have been due to indiscernible hand writing. In any case, there is no documentation of 4-6 weeks of physical therapy and the documentation is not adequate to verify appropriate exam findings to claim medical necessity of SI joint injection.