

Case Number:	CM15-0113097		
Date Assigned:	06/19/2015	Date of Injury:	01/07/2013
Decision Date:	07/21/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/11/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 62-year-old female sustained an industrial injury on 1/7/13. She subsequently reported knee and low back pain. Diagnoses include myofascial pain syndrome and lumbar and cervical strain/sprain. Treatments to date include x-ray and MRI testing, knee surgery, injections, physical therapy, chiropractic care and prescription pain medications. The injured worker continues to experience low back, buttock and bilateral hip pain. Upon examination, there was positive bilateral lumbosacral facet maneuver, negative straight leg raises, positive sensation in lumbosacral spine. There was normal strength and reflexes of the bilateral lower extremities. Spurling's was negative. A request for bilateral SI joint injection was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SI joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip section, under sacroiliac injections.

Decision rationale: This claimant was injured in 2013 and has knee and low back pain. There is positive bilateral lumbar face maneuver, negative SLR, and positive sensation in the lumbar spine. Spurling's test was negative. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes for Sacroiliac Injections: 1. The history and physical should suggest the diagnosis with documentation of at least 3 positive 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). Imaging studies are not helpful. 2. Diagnostic evaluation must first address any other possible pain generators. 3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. In this case, there was no physical examination confirming at least three (3) sacroiliac joint signs. The back pain the claimant relates has a non-specific pattern, not clearly referable to the sacroiliac joints. The request is not medically necessary.