

Case Number:	CM15-0120723		
Date Assigned:	07/01/2015	Date of Injury:	06/17/2012
Decision Date:	07/30/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/22/2015

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: 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:

This 57-year-old male sustained an industrial injury to the right knee on 5/4/11. Previous treatment included right total knee arthroplasty (8/6/14), physical therapy and medications. In a PR-2 dated 2/24/15, the injured worker complained of lumbar spine pain because of altered gait. The right gluteus was noted to be the main problem. The physician recommended physical therapy twice a week for three weeks. In a PR-2 dated 5/12/15, the injured worker complained of low back pain with radiation into the right thigh and right gluteal area rated 5-7/10 on the visual analog scale. Physical exam was remarkable for lumbar spine with right sided ischiogluteal muscle tenderness to palpation, no limited range of motion to the lumbar spine and right knee with tenderness to palpation, a healing incision and improving range of motion. Past medical history was significant for Parkinson's disease. Current diagnoses included joint derangement of knee. The treatment plan included physical therapy twice a week for three weeks for the lumbar spine and sacroiliac joint injection at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right SI Joint Injection L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip Chapter, SI Joint, pages 263-264.

Decision rationale: ODG note etiology for SI joint disorder includes degenerative joint disease, joint laxity, and trauma (such as a fall to the buttock). The main cause is SI joint disruption from significant pelvic trauma. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Although SI joint injection is recommended as an option for clearly defined diagnosis with at least 3 positive specific tests for motion palpation and pain provocation for SI joint dysfunction, none have been demonstrated on medical reports submitted. It has also been questioned as to whether SI joint blocks are the diagnostic gold standard as the block is felt to show low sensitivity, and discordance has been noted between two consecutive blocks (questioning validity). There is also concern that pain relief from diagnostic blocks may be confounded by infiltration of extra-articular ligaments, adjacent muscles, or sheaths of the nerve roots themselves. Submitted reports have not clearly defined symptom complaints, documented specific clinical findings or met the guidelines criteria with ADL limitations, failed conservative treatment trials, or functional improvement from treatment previously rendered for this chronic injury of 2011. The Right SI Joint Injection L4-L5, L5-S1 is not medically necessary and appropriate.