

Case Number:	CM15-0176396		
Date Assigned:	09/28/2015	Date of Injury:	03/22/2011
Decision Date:	11/03/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old male, who sustained an industrial injury on 03-22-2011. The injured worker was diagnosed as having sacroiliitis of the left sacroiliac joint. On medical records dated 04-30-2015 and 05-13-2015, the subjective complaints were noted as left sacroiliac joint pain over left buttock radiation to the posterior and lateral aspect of left thigh with numbness and tingling noted to be progressively increasing in severity. Objective findings were noted as severe joint inflammation with signs and symptoms of radiculitis-radiculopathy to the posterior and lateral aspect of the thighs. Gaenslen's and Patrick Faber's test were positive. Pain was noted while the injured worker was standing, climbing, and standing up from a sitting position without the aid of upper torso. Treatments to date included medication, physical therapy and acupuncture. The injured worker was noted to be temporarily totally disabled. Current medications were listed as Flexeril, Motrin, Prilosec and Naprosyn. The Utilization Review (UR) was dated 08-12-2015. A Request for left sacroiliac joint injection was submitted. The UR submitted for this medical review indicated that the request for left sacroiliac joint injection was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Hip and Pelvis Chapter, SI block.

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 (Acute & Chronic) Sacroiliac joint blocks.

Decision rationale: The claimant has a history of a cumulative trauma work injury with date of injury in March 2012. He was seen for an initial evaluation by the requesting provider on 04/30/15. He was having cervical spine, lumbar spine, and sacroiliac joint pain. He had recently noted left buttock pain radiating to the posterior and lateral aspect of the left thigh with numbness and tingling while standing on uneven surfaces, climbing stairs, and standing up from a seated position. His symptoms were progressively increasing in intensity and severity. Physical examination findings included positive Fabere, sacroiliac joint thrust, and Gaenslen testing. The assessment references prior treatments as having included physical therapy, medications, and chiropractic care. The claimant has advanced lumbar disc degeneration at L5/S1. His body mass index is over 27. Criteria for the use of sacroiliac blocks include a history of and physical examination findings consistent with a diagnosis of sacroiliac joint pain and after failure of conservative treatments. Requirements include the documentation of at least three positive physical examination findings. In this case, the claimant reported symptoms as of recent onset. Although prior treatments have been extensive, these appear to have been for the low back and neck and not directed at the sacroiliac joint. Physical examination findings of associated numbness and tingling do not support a diagnosis of sacroiliac joint mediated pain. For these reasons, the request for a left sacroiliac joint injection is not considered medically necessary.