

Case Number:	CM15-0066842		
Date Assigned:	04/14/2015	Date of Injury:	07/17/2013
Decision Date:	05/18/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/08/2015

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:

The injured worker (IW) is a 22-year-old male who sustained an industrial injury on 07/17/2013. Diagnoses include lumbar degenerative disease, sacroiliitis, greater trochanteric bursitis and gluteal myofascial pain. Treatment to date has included medications, physical therapy, joint injections and home exercise program. Diagnostics included x-rays and MRIs. According to the progress notes dated 2/12/15, the IW reported significant pain in the low back, right hip and right buttock, with tightness in the right hip region. A request was made for a right sacroiliac joint (SIJ) injection and a right gluteal myofascial trigger point injection (TPI) to help control pain and allow the IW to participate in his rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) right sacroiliac joint block injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

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 is nearly 2 years status post work-related injury and continues to be treated for low back and right hip and buttock pain. When seen, he had decreased hip flexion strength with positive Ober and Fabere testing. There were gluteal trigger points with referred pain and twitch response. There was greater trochanteric bursa tenderness. 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 requesting provider documents only one positive sacroiliac joint test by physical examination. Therefore, the criteria are not met and the requested sacroiliac joint injection is not medically necessary.

One (1) right gluteal myofascial trigger point injections: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for low back and right hip and buttock pain. When seen, he had decreased hip flexion strength with positive Ober and Fabere testing. There were gluteal trigger points with referred pain and twitch response. There was greater trochanteric bursa tenderness. Criteria for the use of trigger point injections include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is documented and therefore a trigger point injection is medically necessary.