

Case Number:	CM15-0091124		
Date Assigned:	05/15/2015	Date of Injury:	01/15/2010
Decision Date:	06/18/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/12/2015

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 is a 35 year old female who sustained an industrial injury on 01/15/2010. Mechanism of injury occurred while working of [REDACTED] where she was holding a steel door open for a coworker who was gathering cleaning supplies from the top shelf of a storage closet. She states the cleaning supplies started to fall and the injured worker tried to help prevent the containers from falling she let go the steel door, causing it to swing and hit her in the back. Diagnoses include lumbago, right sacroiliac joint dysfunction, right trochanteric bursitis, lumbar myofascial strain, lumbar stenosis, cervical myofascial strain, cervical radiculitis and cervicgia. Additional diagnoses include hypertension, right bundle branch block, anxiety, difficulty swallowing and arthritis. Treatment to date has included diagnostic studies, medications, 20 physical therapy visits, 20 chiropractic sessions, home exercise program, heat pads, 10 acupuncture sessions, trigger point injections, and a CSI injection to the right S1 joint and greater trochanter bursa. Her medications include Norco, Tramadol, Ibuprofen, Aleve, Capsaicin cream and Lidocaine patches. There is documentation the injured worker had Magnetic Resonance Imagines of the lumbar spine, pelvis, right hip, left hip pelvis and cervical spine. Reports were not present with documentation. A physician progress note dated 03/17/2015 documents the injured worker complains of low back, neck, hip and wrist pain. She rates her pain as 6 out of 10 at the time of examination. Her pain averages 8 out of 10 at its worst and at its best are 8 out of 10. The pain is describes as sharp, shooting, throbbing and burning pain. Her neck pain is a burning pain and she has a pulling sensation in her neck with forward flexion that flares while reading or on the computer. Her low back pain is a burning

pain down her lumbar spine paraspinals, with radiation into her right gluteal and hamstring along with stabbing pain in her gluteal. She has pins and needle sensation in both lower legs and feet. She has stabbing pain in both feet as well. The injured worker has difficulty walking and she has not been sleeping well at night. She has stabbing pain in her bilateral wrists along with pins and needles sensation in all of her fingertips. She continues to work full time. On examination paraspinals right L3-S1 with noted trigger points with twitch responses, C4-C6 left, and left trapezius. She is tender to touch in the right S1 joint and right trochanter. She has limited lumbar extension on the right. Faber's, Gaenslen's and S1 thigh thrust test are positive on the right. The treatment plan includes Tylenol with Codeine, Venlafaxine ER, LidoPro topical ointment, S1 joint injection, Urine drug screening, and a follow up in 4 weeks. The injured worker received right paraspinal x 5 trigger point were identified with twitch responses and injected with no complications. Treatment requested is for Si joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Sacroiliac joint blocks.

Decision rationale: The claimant sustained a work injury in January 2010 and continues to be treated for low back and right sided sacroiliac joint and hip pain. Treatments have included multiple sacroiliac joint injections reported to have provided a 40% pain relief lasting for up to three months. She is working at modified duty. When seen, physical examination findings included right sacroiliac joint tenderness with positive Fabere, Gaenslen, and Thigh Thrust tests. 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 the treatment or therapeutic phase, the procedure should be repeated only as necessary and should be limited to a maximum of four times for local anesthetic and steroid blocks over a period of one year. Criteria for a repeat injection include greater than 70% pain relief for 6 weeks from previous injections. In this case, the claimant has undergone prior sacroiliac joint injections with only 40% pain relief and the number and timing of prior injections is not documented. The above criteria are not met and the requested sacroiliac joint injection is not medically necessary.