MAXIMUS Federal Services

Case Number:	CM15-0095339		
Date Assigned:	05/21/2015	Date of Injury:	03/26/2007
Decision Date:	06/29/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/18/2015

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 31-year-old female sustained an industrial injury to the low back on 3/26/07. Previous treatment included magnetic resonance imaging, aquatic therapy, injections, psychiatric care and medications. In a PR-2 dated 4/8/15, the injured worker complained of low back pain rated 7/10 on the visual analog scale with radiation down bilateral legs. The injured worker reported 30% improvement with medications that were started after discontinuing breast-feeding. Physical exam was remarkable for normal gait, 4/5 strength to the left foot, decreased sensation to light touch at the L5-S1 distribution, lumbar spine with pain to palpation over bilateral sacroiliac joints, pain with rotational extension indicative of facet capsular tears, secondary myofascial pain with triggering and positive left pelvic thrust, left FABER maneuver, left stork maneuver and bilateral Gainslen's test. Current diagnoses included lumbar spine pain with likely injury of disc, facet L4-5 and L5-S1. The treatment plan included left sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac joint injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ()DG), Online Version - Sacroiliac joint blocks.

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 work injury occurring in March 2007 while lifting and twisting. She continues to be treated for low back pain. When seen, pain was rated at 7/10. She was having difficulty transitioning positions. Physical examination findings included bilateral sacroiliac joint tenderness. There was positive left Fabere, bilateral Gaenslen, left pelvic thrust, and Stork testing. At a previous visit, there was a positive left Fortin finger sign. Criteria for the use of a sacroiliac joint injection 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 has a history of injury consistent with her complaints of sacroiliac joint pain and the requesting provider's documents more than three positive physical examination findings consistent with this diagnosis. The criteria are met and the request was therefore medically necessary.