

Case Number:	CM14-0140418		
Date Assigned:	09/10/2014	Date of Injury:	01/19/2014
Decision Date:	10/16/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 34 year old female who was injured on 01/19/14 slipped and fell while descending a flight of stairs, sliding on her back to the bottom of the steps. An initial orthopedic evaluation report dated 03/24/14 states the injured worker complains of pain affecting multiple areas of the body to include the low back and bilateral hips. The hip pain is worse on the left. X-rays obtained on this date reveal normal hips and pelvis. Progress note dated 06/09/14 notes the injured worker complains of ongoing low back pain with radiating symptoms into the bilateral legs. Upon physical examination, the injured worker is focally tender at the lumbosacral junction along the sacroiliac joint bilaterally. Faber and Gaenslen's tests are negative. Motor strength testing is intact. Pain management report dated 07/29/14 states palpation of the bilateral SI joint areas reveal pain. There is tenderness to palpation of the lumbar paraspinal muscles with positive trigger points with mild palpable twitch. Patrick's test is positive about the bilateral hips/SI joints. Motor strength, sensation and DTRs are normal throughout the bilateral lower extremities. A request for bilateral SI joint injections under fluoroscopy and anesthesia was submitted and subsequently denied by Utilization Review dated 08/05/14 citing a lack of documentation revealing evidence of inflammatory disorder of the SI joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

SACOILIAC JOINT INJECTION BILATERALLY UNDER FLUOROSCOPY AND ANESTHESIA: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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 Chapter, section on Sacroiliac joint blocks

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines and ACOEM do not specifically address the indications for the use of sacroiliac joint injections. ODG states criteria for the use of SI joint injections includes a history and physical examination which is suggestive of a diagnosis of SI joint dysfunction. Examination findings should be positive for at least three of the following provocations: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillett's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH). The records submitted for review include examination findings which were significant for positive Patrick's (FABER) test on 07/29/14. Gaenslen's test was negative on this date. Other provocative tests were not reported. Based on the clinical information provided, the injured worker does not demonstrate findings that are consistent with a diagnosis of sacroiliac joint dysfunction. Moreover, evidence based guidelines do not support the use of anesthesia for SI injections. The Sacroiliac Joint Injection Bilaterally under Fluoroscopy and Anesthesia is not medically necessary.